



COUNTY BOROUGH OF DERBY

ANNUAL REPORTS

OF THE

Medical Officer of Health

AND

Chief School Medical Officer

FOR THE

Year, 1952

BY

V. N. LEYSHON, M.D. (LOND.), D.P.H.

J. W. SIMPSON AND SONS LTD., PRINTERS. FRIAR GATE, DERBY.

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STAFF.

MEDICAL.

Medical Officer of Health and Chief School Medical Officer :—

V. N. LEYSHON, M.D. (Lond.), D.P.H.

Deputy Medical Officer of Health and Senior Child Welfare and School Medical Officer :—

ALEXANDER MORRISON, L.R.C.P. & S. (Ed.), L.R.F.P.S. (Glas.).

Senior Assistant Medical Officer of Health :—

J. E. MASTERSON, M.B., Ch.B., D.P.H.

Senior Assistant Medical Officer for Maternity and Child Welfare :—

MARGARET M. F. ROBINSON, M.D. (Belfast), B.A.O., D.P.H.,
L.M. (Belfast).

Assistant School Medical Officers :—

E. A. LAVELLE, M.B., Ch.B. (Vict., Manchester).

C. L. NOBLE, M.R.C.S., L.R.C.P.

R. E. DEAN, L.R.C.P. & S. (Ed.), L.R.F.P.S. (Glas.), M.R.C.V.S.,
R.S.I.

W. DRAWNEEK, M.B., B.S. (Lond.).

Chief Physician :—

*HUGH GERARD GRACE, M.B., Ch.B.

Consultant :—

*R. J. M. JAMIESON, M.B., B.Ch., M.R.C.O.G.
Obstetrician and Gynæcologist.

Psychiatrist :—

*T. A. RATCLIFFE, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.M.,
D.C.H.

DENTAL.

Senior Dental Officer :—

ARTHUR STAFFORD, L.D.S., R.C.S. (Eng.).

Assistant Dental Officers :—

FREDERICK GROSSMAN, L.D.S. (Q.U. Belfast).

MOIRA RIGBY, L.D.S., R.F.P.S. (Glas.).

ELIZABETH S. WOOD, L.D.S. (Glas.).

BARBARA THORNHILL, B.Ch.D., L.D.S.

NON-MEDICAL.

Administrative Officer :—

W. T. PRITCHARD.

Clerks :—

HEALTH OFFICE 21, SCHOOL CLINIC 10, WELFARE CENTRES :

Almoners :—

RICHARD L. CARABINE, A.M.I.A.

MISS BRENDA BRATT, A.M.I.A.

Supervisor of Day Nurseries :—

MISS M. R. MOSS, S.R.N., Nursery Diploma.

Day Nurseries :—

MATRONS 4, STAFF NURSERY NURSES 10, NURSERY ASSISTANTS

PROBATIONER NURSES 38, WARDENS 2, DOMESTICS 10.

Duly Authorised Officers :—

W. V. B. LUCAS.

F. F. WRIGHT.

MISS M. GODFREY, Diploma in Social Science.

Superintendent Health Visitor :—

MISS E. M. GARDINER, S.R.N., S.C.M.

Health Visitors, School Nurses and Tuberculosis Nurses :—25.
*(including part-time)**Supervisor of Home Helps :—*

MRS. E. C. BAKER.

*Home Helps :—75 PART-TIME.**Superintendent of Home Nursing :—*

MISS D. M. CLEWES, S.R.N., S.C.M.

Home Nurses :—9 FULL-TIME, 10 PART-TIME.

Non-Medical—continued.

Occupation Centre :—

SUPERVISOR (Qualified) 1, ASSISTANT SUPERVISORS (Unqualified) 3,
DOMESTIC 1, *GUIDES 4.

Domiciliary Midwives :—12.

Psychologist :—

MISS E. S. BROUGHTON, M.A., Diploma in Psychology (Oxford).

Public Analyst :—

*R. W. SUTTON, B.Sc., F.R.I.C.

Remedial Teacher :—

MISS N. GATELEY, National Froebel Cert.

Chief Sanitary Inspector :—

S. PRIME, M.S.I.A.

Deputy Chief Sanitary Inspector :—

P. H. SHARDLOW, R.S.I.

Sanitary Inspectors (All Branches) :—11.

RODENT CONTROL OFFICER 1, RODENT OPERATORS 4.

Sewage Works Analyst :—

*G. E. POOL, F.I.C., and ONE ASSISTANT.

Speech Therapist :—

*MISS S. H. NORTH, L.C.S.T.

MISS M. L. UMPLEBY, L.C.S.T.

MEDICAL AND DENTAL ATTENDANTS 10, CLEANSING ATTENDANTS 4,
DISINFECTOR ATTENDANT 1, GENERAL LABOURER 1.
*WELFARE ASSISTANTS 3, WELFARE DOMESTIC 1.

*—*Part-time.*

As at 31st December, 1952.

Public Health Department,
The Council House,
Corporation Street
Derby.

TO THE CHAIRMAN AND MEMBERS OF THE
HEALTH AND EDUCATION COMMITTEES.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present to you the Annual Report for the year 1952.

The estimated population has decreased by 1,400 to 138,700. The birth rate has dropped from 15.17 (1951) to 14.89 (1952), and the death rate has decreased from 13.28 (1951) to 11.43 (1952). The stillbirth rate has increased from 24.8 (1951) to 28.22 (1952). It will be noted in the report that no death occurred from maternal causes. The infantile death rate fell from 30.6 (1951) to 29.04 (1952).

The work of the various services of the Department is described in detail in the reports.

I should like to close this Report on a personal note and to thank you Mr. Chairman, and all the members of the Health Committee for the assistance, encouragement, and support I have invariably received from yourself and them. I should also like to add my appreciation of the friendly advice and help always freely available from the officers of other departments of the Corporation; and finally I wish to thank the entire staff for the willing co-operation and service during the year, which made the somewhat arduous work of the Department both exhilarating and pleasant.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

V. N. LEYSHON.

I—GENERAL.

STATISTICAL SUMMARY.

Area of Borough	8,116 Acres.
Elevation above sea level—	<div> <div>highest, Burton Road ... 325 ft.</div> <div>lowest, Alvaston Ward... 126 ft.</div> <div>Market Place ... 157 ft.</div> </div>
Population at Census, 1951	<div> <div>Males 68,604</div> <div>Females 72,660</div> </div> 141,264
Estimated Population for 1952 (Mid-year)	138,700
Number of Houses (1931 Census)	34,875
„ Inhabited Houses at 31/3/1953 (according to Rate Books)	40,567
No. of Uninhabited Houses at 31/3/1953 (according to Rate Books, incl. prop. scheduled for demolition)	103
Number of Families or separate Occupiers (Census 1931)	35,949
Number of persons per acre at Census, 1921... ..	24.6
„ „ „ 1931... ..	20.0
Number of persons per House at Census, 1921	4.55
„ „ „ 1931	3.97
Rateable Value of the Borough (General Rate)	£1,045,876
Estimated amount realised by a Penny Rate	£4,130

1952.

Rate per thousand
population.

Marriages	1,194	...	...	17.22
	Total.	Males.	Females.	
Live Births, (Registered) { Legitimate	1,945	953	992	
{ Illegitimate	121	71	50	
{ Total	2,066	1,024	1,042	Birth rate ... 14.89
Birth Rate adjusted by the Area Comparability Factor (0.99) supplied by the Registrar General				14.74
Still Births (Registered) 60 36 24				Rate per 1,000 total births 28.22
Live Births (notified) ... 2,067 1,020 1,047				
Deaths ... 1,585 862 723				Death rate ... 11.43
Death Rate adjusted by the Area Comparability Factor (1.02) supplied by the Registrar General				11.66
Percentage of Total Deaths occurring in Public Institutions				42.59
Excess of Births registered over Deaths				481
Deaths from Puerperal Causes—				Rate per 1,000 total (live and still) births.
		Deaths.		
Puerperal Sepsis	—			—
Other Puerperal Causes	—			—
Total	—			—

Deaths of Infants under one year of age—

Legitimate, 56. Illegitimate, 4. Total, 60.

Death Rate of infants under one year of age per 1,000 live births—

Legitimate, 28·8. Illegitimate, 33·1. Total, 29 04.

Deaths from Measles (all ages) ...	...	...	...	...	...	2
„ Whooping Cough (all ages) ...	...	...	...	...	...	—
„ Diarrhoea (under 2 years of age) ...	...	...	...	...	...	—

BIRTHS.

Birth-rate, 1952 14·89

The Births registered during the year numbered 2,066, as compared with 2,125 in 1951.

DEATHS.

							Rate per 1,000 population.
Zymotic Diseases ...	...	...	...	...	...	2	0·014
Tuberculosis of Respiratory System ...	...	...	...	...	...	25	0·18
Other Tuberculous Diseases ...	...	...	...	...	...	4	0·029
Respiratory Diseases ...	...	...	...	...	...	138	0·99

NATIONAL STATISTICS :—

	E. & W.	COUNTY BOROUGH (including London).	SMALLER TOWNS.	LONDON ADMINISTRATIVE COUNTY.	DERBY.
Birth Rate ...	15·3	16·9	15·5	17·6	14·89
Death Rate ...	11·3	12·1	11·2	12·6	11·43
Infantile Mortality (per 1,000 Births) ...	27·6	31·2	25·8	23·8	29·04

Causes of, and Ages at Death, during 1952.

CAUSES OF DEATH.	DEATHS IN OR BELONGING TO WHOLE DISTRICT AT SUBJOINED AGES.																	TOTAL DEATHS IN PUBLIC INSTITUTIONS		
	All Ages	0-	1-	2-	3-	4-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	Residents	Non- Residents	Non- Civilians	
Tuberculosis, Respiratory	25	...	...	...	...	...	...	...	...	...	4	4	6	5	4	2	13	1	...
Tuberculosis, Other	4	...	...	...	...	...	...	...	...	1	...	...	2	...	1	...	3	2	...
Syphilitic Disease	6	...	...	...	...	...	...	...	...	...	...	...	2	2	1	1	3	1	...
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Meningococcal Infections	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...
Acute Poliomyelitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Measles	2	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...
Other Infective and Parasitic Diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...
Malignant Neoplasm—																				
Stomach	47	...	...	...	...	...	...	...	...	...	1	1	5	5	19	16	26	20	...
Lung, Bronchus	41	...	...	...	...	...	...	...	...	...	1	4	11	14	7	4	19	20	...
Breast	22	...	...	...	...	...	...	...	...	...	...	1	4	7	3	7	12	8	...
Uterus	12	...	...	...	...	...	...	...	...	...	...	1	2	2	3	4	7	4	...
Other Malignant and Lymphatic Neoplasms	143	...	...	...	...	...	3	1	...	1	2	4	12	38	50	32	85	75	...
Leukaemia, Aleukaemia	10	...	...	1	...	...	...	...	1	...	1	...	2	3	2	...	6	4	...
Diabetes	11	...	...	...	...	...	...	...	1	1	...	...	1	2	3	3	7	8	...
Vascular Lesions of Nervous System	219	1	...	...	...	...	...	...	...	...	1	3	11	35	71	97	96	56	...
Coronary Disease, Angina	241	...	...	...	...	...	...	...	...	...	1	4	19	56	77	84	83	51	...
Hypertension with Heart Disease	60	...	...	...	...	...	...	...	...	...	...	2	4	6	24	24	34	7	...
Other Heart Disease	265	...	...	...	...	...	1	1	...	...	...	5	10	28	63	157	92	33	...
Other Circulatory Disease	118	...	...	...	...	...	...	...	...	...	...	...	3	6	33	76	60	24	...
Influenza	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Pneumonia	76	9	1	2	...	...	...	...	...	...	...	2	2	10	17	33	49	43	...
Bronchitis...	50	...	...	...	...	...	...	...	...	1	1	1	7	12	14	14	13	5	...
Other Diseases of Respiratory System	12	...	...	...	...	...	...	...	...	...	...	1	3	...	3	5	9	11	...
Ulcer of Stomach and Duodenum	24	...	...	...	...	...	...	...	...	...	...	1	5	5	7	6	21	30	...
Gastritis, Enteritis and Diarrhoea	5	...	...	...	...	...	...	...	...	...	...	...	2	2	1	...	5	3	...
Nephritis and Nephrosis	10	...	...	...	...	...	...	...	1	1	...	1	...	1	4	2	7	12	...
Hyperplasia of Prostate	10	...	...	...	...	...	...	...	...	...	...	...	...	1	3	6	10	14	...
Pregnancy, Childbirth, Abortion	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Congenital Malformations	20	14	...	...	1	1	...	1	...	...	2	1	...	...	...	...	14	11	...
Other Defined and Ill- defined Diseases	111	31	1	...	...	...	...	...	...	1	5	4	10	8	22	29	78	98	...
Motor Vehicle Accidents	8	...	...	...	...	1	1	...	2	...	...	...	1	2	...	1	6	22	...
All Other Accidents	14	3	...	...	...	...	...	2	...	1	2	1	1	1	...	6	9	24	...
Suicide	14	...	...	...	...	...	...	...	...	1	1	2	5	...	4	1	6	5	...
Homicide and Operations of War	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals	1585	60	3	3	1	2	6	5	5	8	22	43	130	251	436	610	775	601		

CAUSES OF DEATHS AND WARD DISTRIBUTION, 1952.

DEATHS IN OR BELONGING TO LOCALITIES (AT ALL AGES).

Causes of Death.	DEATHS IN OR BELONGING TO LOCALITIES (AT ALL AGES).																	Non-Civilians.
	Total.	Abbey.	Alvaston.	Arbor.	Bab.	Becket.	Bridge.	Castle.	Dale.	Derwent.	F. Gate.	K. Mead.	Litch.	Norman.	Osmas.	Pear Tree.	Rowditch.		Strangers.
Tuberculosis, Respiratory	25	3	2	2	1	1	1	3	...	3	3	3	...	1	1	1	1	1
Tuberculosis, Other	4	...	...	1	...	1	1	1	1	1	1	1	...	...	...	...	...	2
Syphilitic Disease	6	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Meningococcal Infections	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1
Acute Poliomyelitis	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1
Measles	2	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...
Other Infective and Parasitic Diseases...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	4
Malignant Neoplasm—Stomach	47	2	1	3	5	3	2	4	5	6	2	1	1	3	3	2	4	20
—Lung, Bronchus	41	4	4	5	3	3	3	1	1	1	2	4	3	3	3	1	4	20
—Breast	22	1	1	1	1	1	1	1	2	1	4	...	1	3	1	2	1	8
—Uterus	12	...	...	1	...	1	...	...	2	3	...	1	...	2	...	1	1	4
Other Malignant and Lymphatic Neoplasms	143	9	10	8	8	8	10	6	7	12	7	13	9	12	9	7	8	76
Leukaemia, Aleukaemia	10	...	...	...	...	1	1	...	...	2	...	3	...	...	3	...	1	4
Diabetes	11	1	1	...	1	1	1	...	...	...	1	1	...	1	2	...	2	8
Vascular Lesions of Nervous System...	219	16	14	11	9	8	19	14	16	16	19	11	11	14	14	13	14	56
Coronary Disease, Angina	241	11	20	14	16	8	18	5	23	22	15	7	13	16	20	22	11	60
Hypertension with Heart Disease	60	6	1	4	5	2	5	3	4	2	1	4	5	3	2	4	9	7
Other Heart Disease	265	15	13	15	22	11	13	13	19	29	22	12	17	19	14	16	15	33
Other Circulatory Disease	118	7	3	7	8	4	7	2	5	9	7	11	15	8	11	7	7	24
Influenza	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Pneumonia	76	7	5	1	6	3	2	6	4	6	2	8	9	4	8	1	4	43
Bronchitis...	50	3	4	3	3	2	2	6	1	2	2	6	3	5	2	3	3	6
Other Diseases of Respiratory System...	12	...	...	...	2	1	...	...	...	3	...	3	...	...	2	1	...	11
Ulcer of Stomach and Duodenum	24	...	2	1	2	2	...	1	1	2	1	1	3	...	1	4	3	30
Gastritis, Enteritis and Diarrhoea	5	1	...	...	1	...	...	...	...	1	...	1	1	...	1	...	...	3
Nephritis and Nephrosis	10	...	1	1	1	2	...	...	...	3	2	2	1	...	...	...	1	12
Hyperplasia of Prostate	10	1	1	1	...	...	...	...	...	1	1	2	1	1	...	...	...	14
Pregnancy, Childbirth, Abortion	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Congenital Malformations	20	1	4	1	1	...	1	1	1	3	...	3	1	2	1	1	...	11
Other Defined and Ill-Defined Diseases	111	8	6	8	3	5	7	5	8	6	10	7	6	5	7	9	11	99
Motor Vehicle Accidents	8	1	1	1	3	1	1	...	1	1	2	2	...	1	...	...	...	22
All Other Accidents	17	1	3	1	3	4	...	...	1	1	...	1	...	...	1	...	1	24
Suicide	14	1	1	2	2	2	...	...	1	...	...	...	1	...	2	1	1	5
Homicide and Executions of War	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

Burials.—The total burials in the Derby Cemeteries for the year 1952 were 1,624, 1,519 ordinary burials and 105 still-born.

Inquests held during 1952.—These numbered 89 — 68 males and 21 females.

Mortuary.—Dead bodies received during the year, 175. Post mortem examinations, 340.

Causes of Death during 10 Years, 1943—1952.

CAUSE OF DEATH.	YEARS.										
	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	
Tuberculosis, Respiratory	83	65	70	55	55	58	71	38	52	25	
Tuberculosis, Other	15	14	8	8	12	13	11	7	3	4	
Syphilitic Disease	7	10	10	8	12	11	4	3	13	6	
Diphtheria	9	4	...	...	1	...	...	...	...	...
Whooping Cough	7	5	1	4	1	3	3	5	...	...
Meningococcal Infections	3	1	3	...	1	1	4	...	1	1	
*Acute Poliomyelitis ... ..	...	...	...	...	1	1	...	...	...	...
Measles	2	1	2	...	2	...	...	...	...	2
†Other Infective and Parasitic Diseases ... ..	...	...	...	...	...	...	...	3	4	1
Malignant Neoplasms	245	221	241	231	250	228	256	298	265	265	
†Leukaemia, Aleukaemia ... ..	...	...	...	...	...	...	...	8	8	10
Diabetes	20	17	12	10	14	13	9	15	13	11	
Vascular Lesions of Nervous System... ..	169	170	152	144	152	168	179	187	235	219	
Heart Disease	433	406	458	422	504	442	533	455	535	566	
Other Circulatory Disease	38	62	57	68	71	68	82	87	120	118	
Influenza	48	10	18	13	10	...	8	6	50	...	
Pneumonia	83	70	83	73	84	55	73	80	120	76	
Bronchitis	100	89	67	90	106	70	81	87	113	50	
Other Diseases of Respiratory System	19	19	26	20	22	23	19	10	13	12	
Ulcer of Stomach and Duodenum	23	18	21	24	16	25	18	26	32	24	
†Gastritis, Enteritis and Diarrhoea	12	20	20	9	42	16	8	13	6	5	
Nephritis and Nephrosis	43	45	29	27	32	37	25	20	18	10	
†Hyperplasia of Prostate ... ..	...	...	...	...	...	...	...	20	17	10
Pregnancy, Childbirth and Abortion	8	6	5	3	5	3	1	1	...	...
§Congenital Malformations	34	39	31	33	37	23	33	16	13	20	
Other Defined and Ill-Defined Diseases	274	212	224	186	238	246	284	236	185	111	
Motor Vehicle Accidents	18	10	18	15	11	4	12	11	6	8	
All Other Accidents	29	33	44	24	26	33	27	17	21	17	
Suicide	7	9	7	14	11	15	15	17	17	14	
ALL CAUSES—TOTALS	1729	1556	1607	1481	1716	1556	1756	1666	1860	1585	

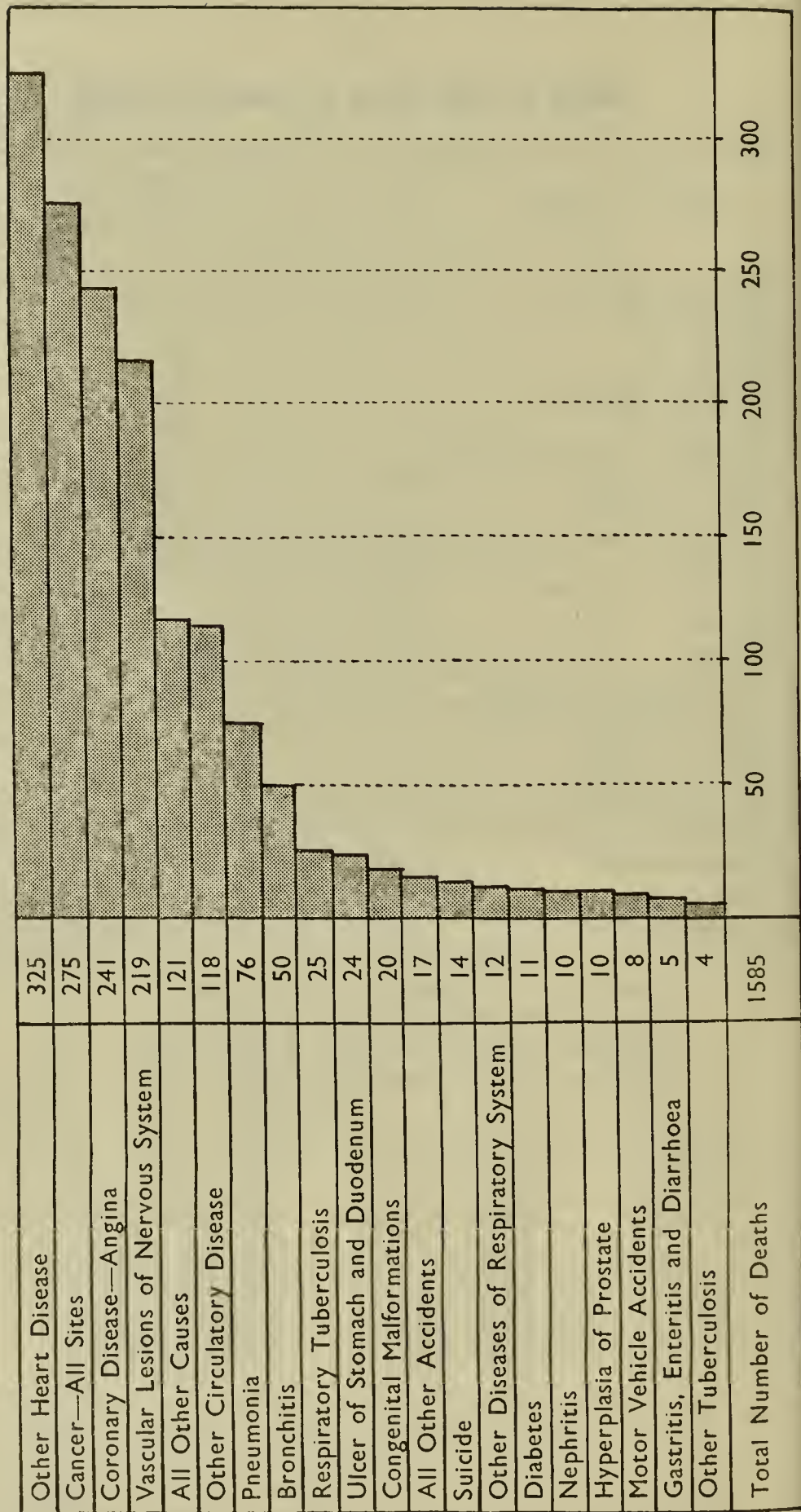
† Included with "All Other Causes" prior to 1950.

* Combined with "Polio-Encephalitis" prior to 1950.

‡ "Diarrhoea (under 2 years of age)" only prior to 1950.

§ Combined with "Birth Injuries, etc." prior to 1950.

THE PRINCIPAL CAUSES OF DEATH — 1952



Derby Rainfall, 1952.

We are indebted to Messrs. J. Davis & Son for the following information.

According to the return of rainfall experienced at Derby during the past year, and taken by Messrs. John Davis & Son, All Saints' Works, there were 165 rainy days in 1952. The amount of rain which has fallen is 24.91 inches, which is 2.78 inches lower than that of the average of the twenty-one years 1931-51. The detailed figures are as follows:—

DERBY.				Average	
No. of				for Derby,	
rainy				1931-51	
days.				inclusive.	
				Inches.	
January	..	..	.. 17	2.53	2.76
February	..	..	.. 7	0.75	2.20
March ..	..	..	.. 16	2.72	1.75
April ..	..	..	.. 13	1.67	1.98
May ..	..	..	.. 14	2.91	2.06
June ..	..	..	.. 13	2.35	1.78
July ..	..	..	.. 6	1.35	2.56
August ..	..	..	.. 9	1.83	2.50
September	..	..	.. 19	1.54	2.35
October..	..	..	.. 15	3.02	2.43
November	..	..	.. 15	1.66	3.05
December	..	..	.. 21	2.58	2.27
<hr/>				<hr/>	<hr/>
165				24.91	27.69
<hr/>				<hr/>	<hr/>

TABLE I

BIRTH RATE PER 1,000 LIVING —

DEATH RATE PER 1,000 LIVING --

Rate per 1,000 of the population.

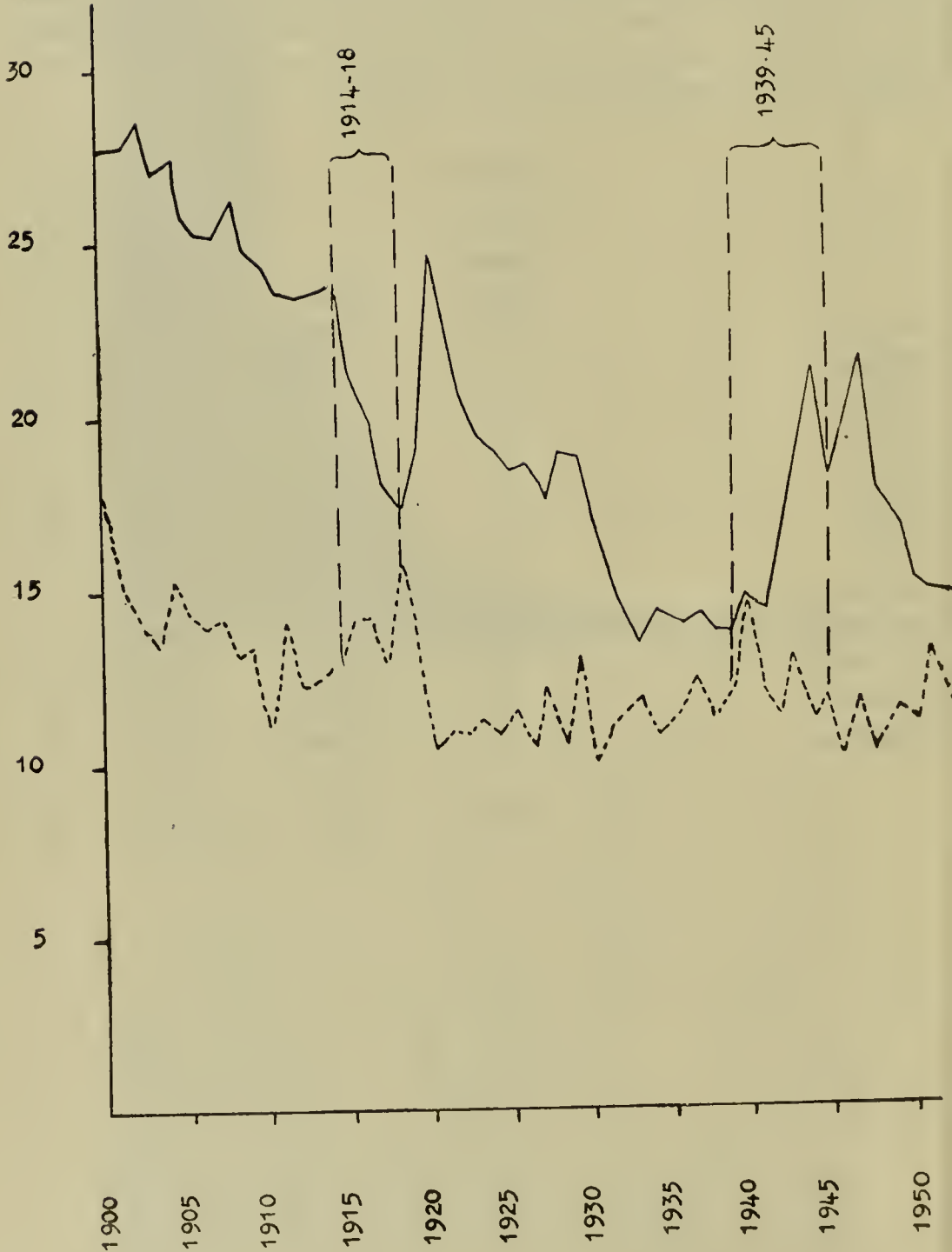
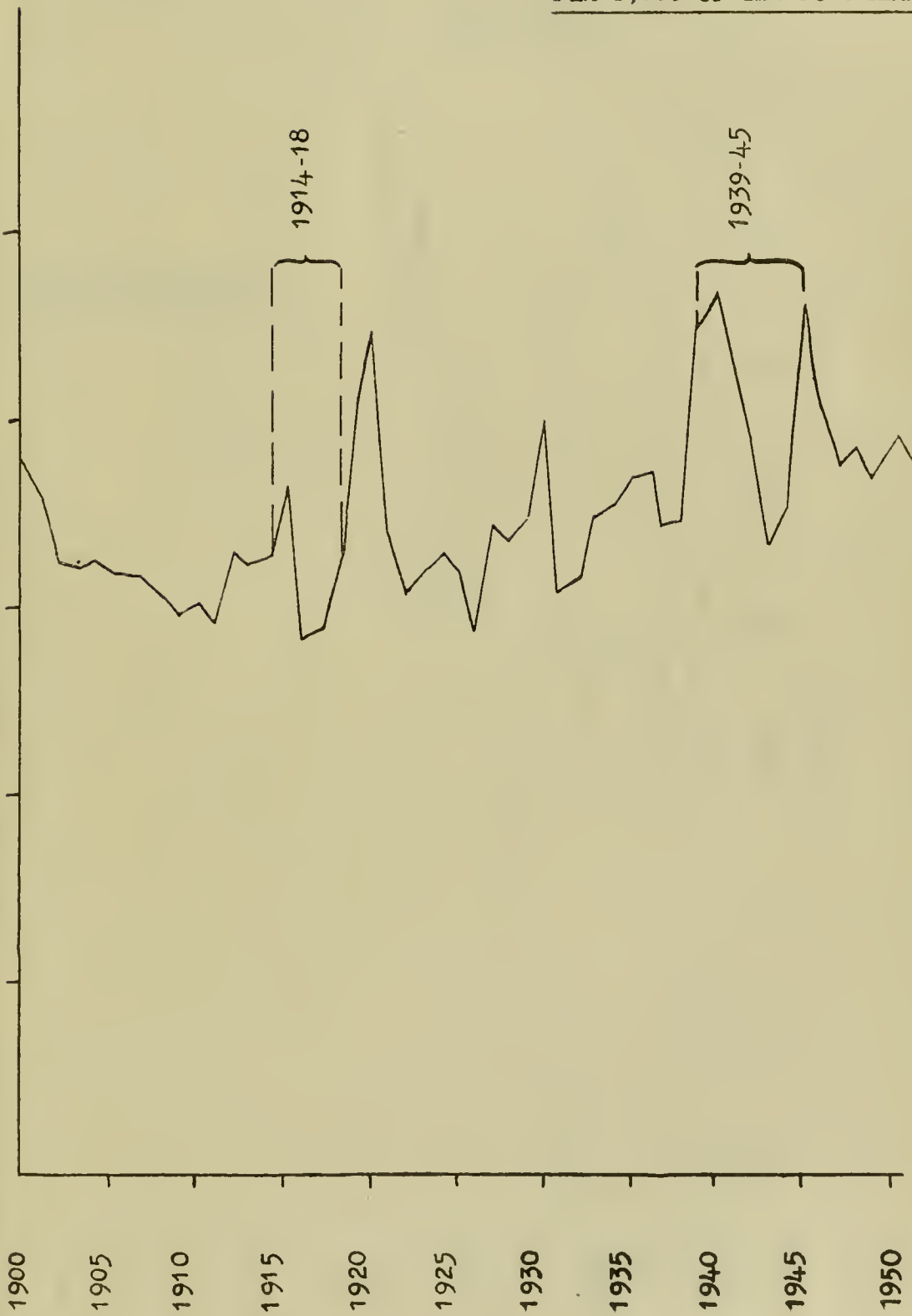


TABLE II

PERSONS MARRIED

PER 1,000 OF THE POPULATION



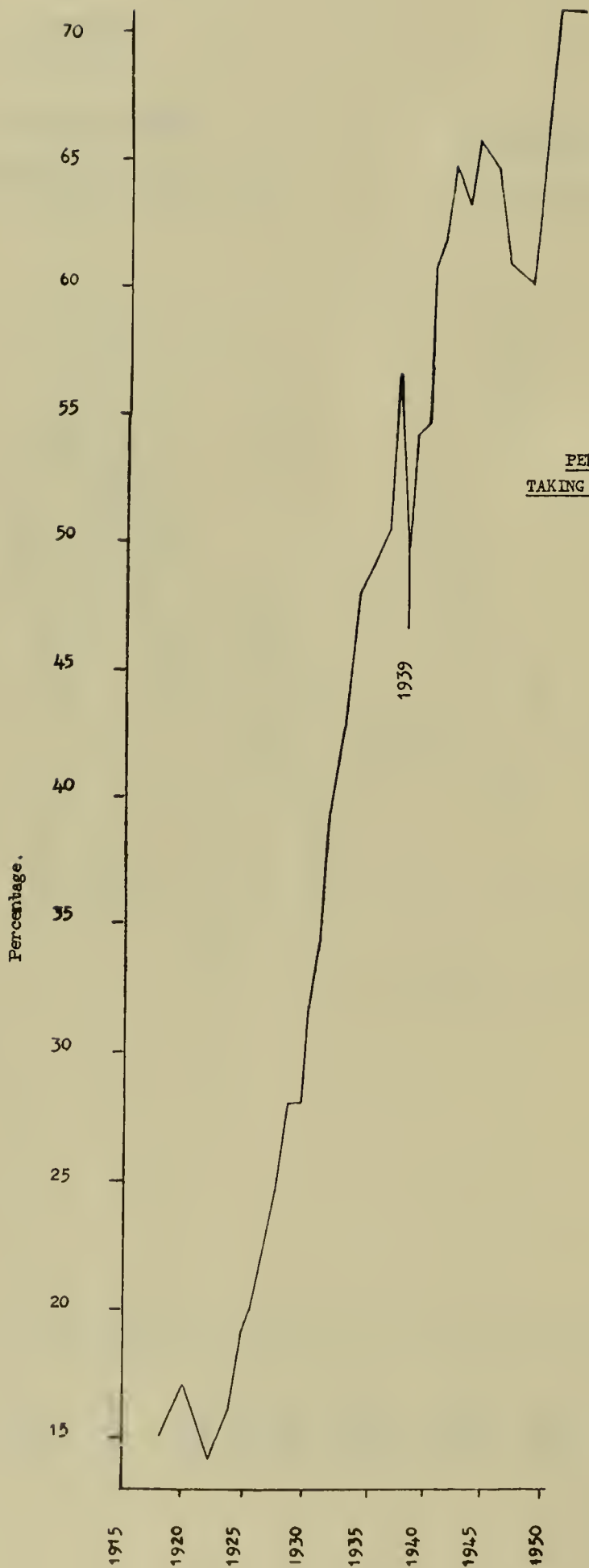


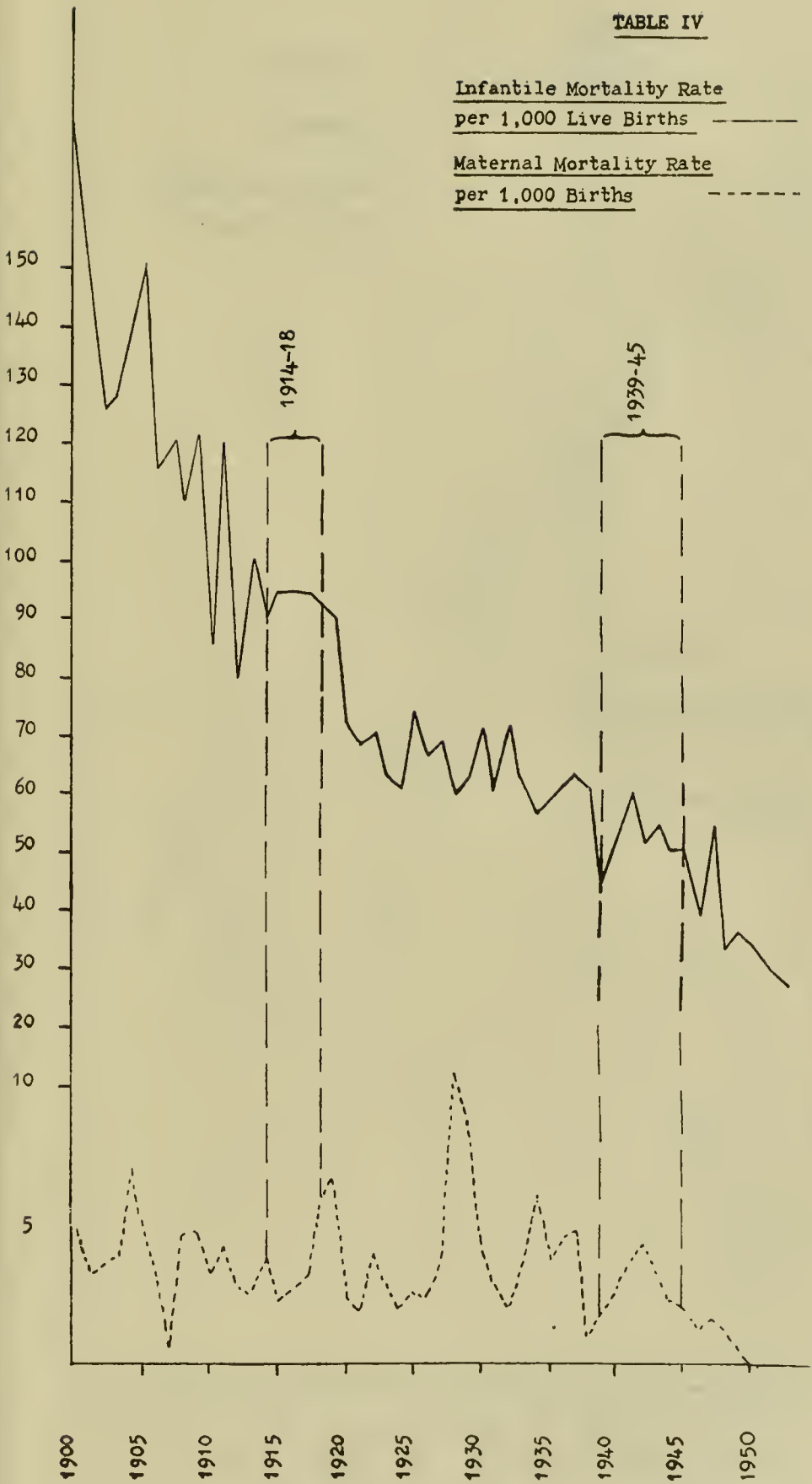
TABLE III

PERCENTAGE OF BIRTHS
TAKING PLACE IN INSTITUTIONS.

TABLE IV

Infantile Mortality Rate
per 1,000 Live Births -----

Maternal Mortality Rate
per 1,000 Births - - - - -



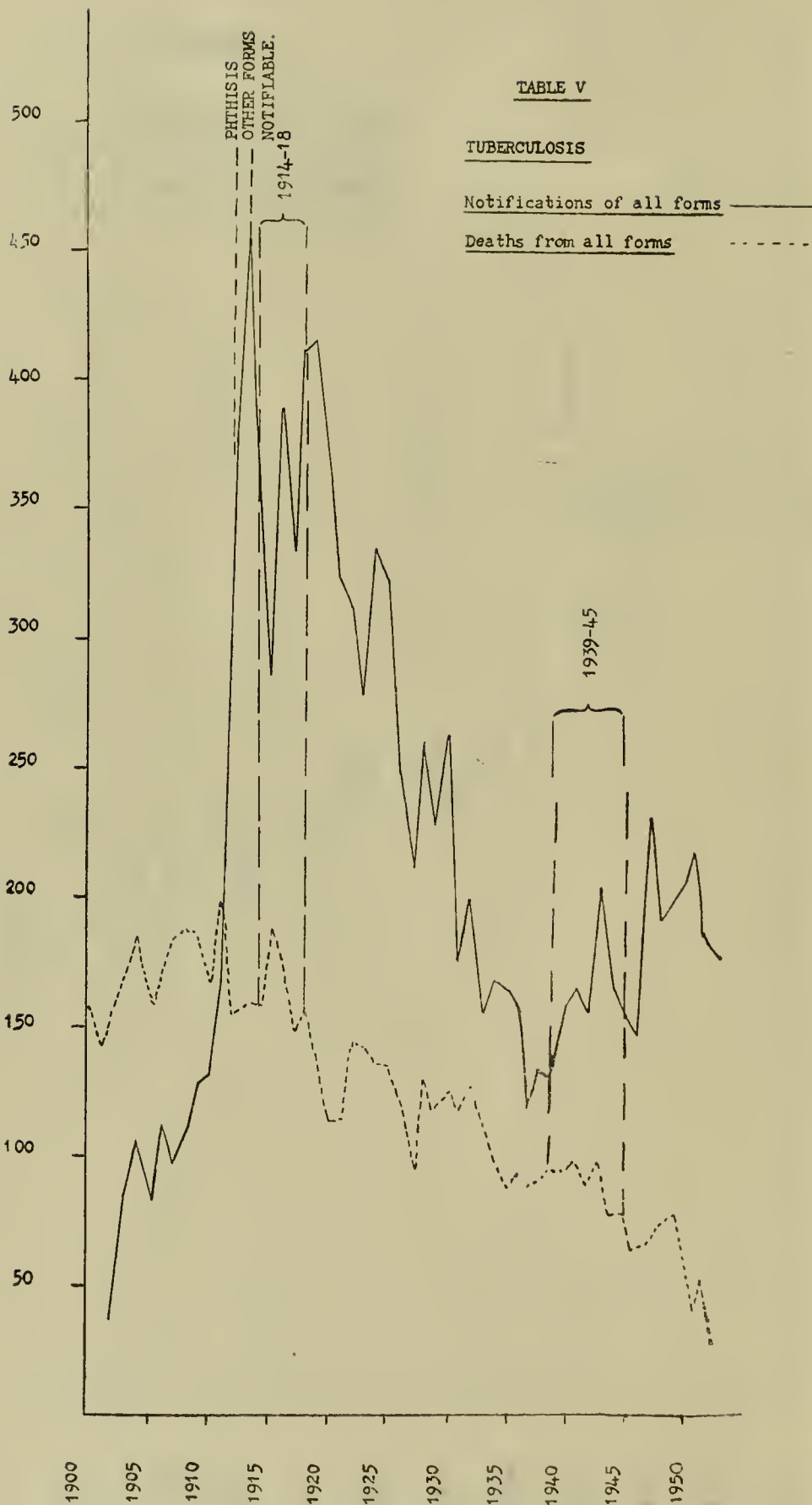
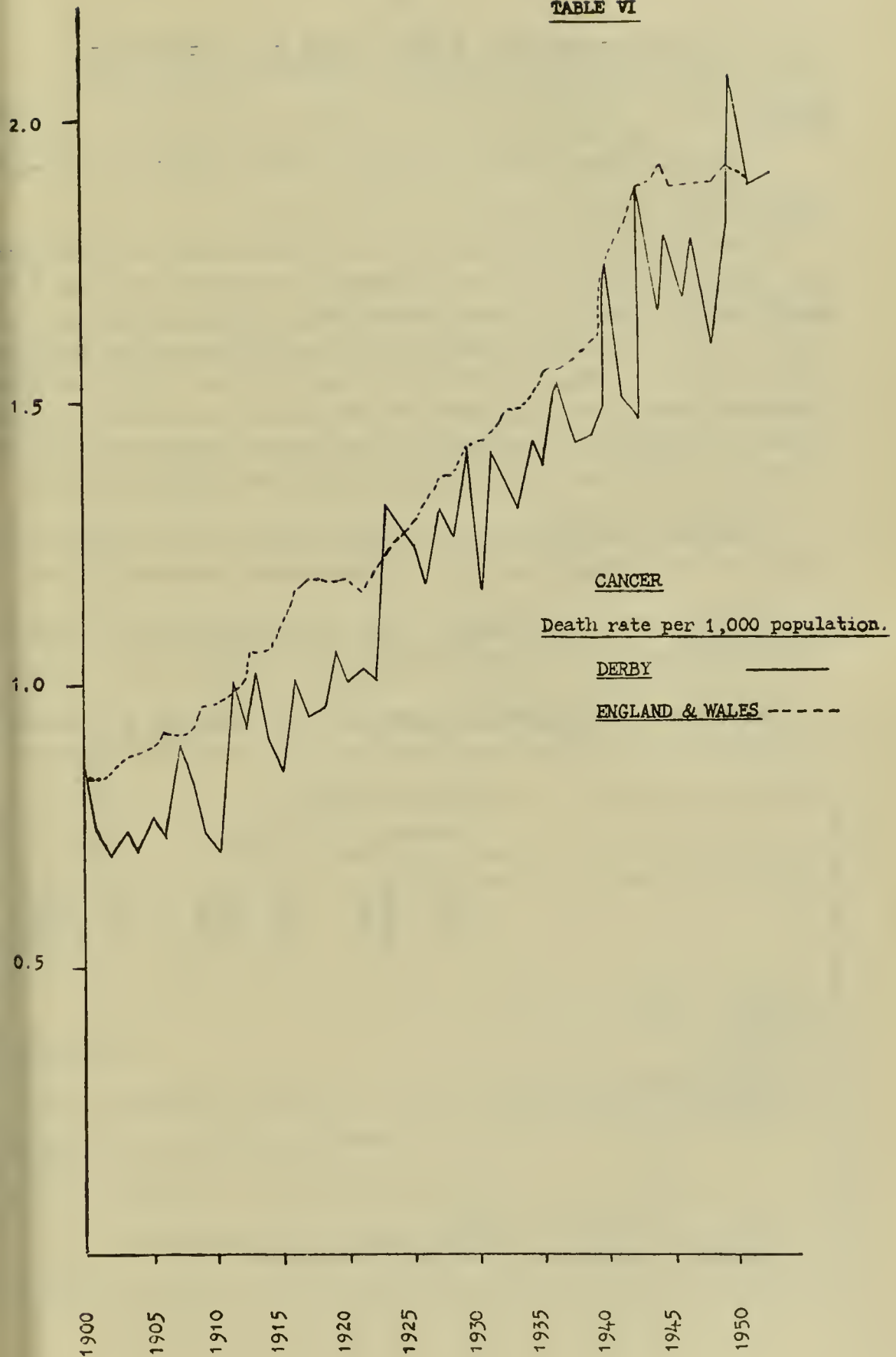


TABLE VI



II—MATERNITY AND CHILD WELFARE.

Midwives.

79 Midwives gave notice of intention to practise within the Borough during 1952—

57 were attached to institutions (19 at the City Hospital, 14 at the Queen Mary Maternity Home, 15 at the Nightingale Maternity Home, and 9 at the Women's Hospital); 22 were in domiciliary practice (all in connection with the Health Department, including 10 Health Visitors). No midwives practised privately within the Borough during the year. Since 1st April, 1952, when the agency arrangement with the Royal Derby and Derbyshire Nursing Association was terminated, all domiciliary midwives practising in the Borough have been under the direct control of the Health Department.

3 Midwives removed from the area during the year, leaving 12 in domiciliary practice and 54 in institutional practice at the end of the year.

1 Midwife, who was attached to the City Hospital, gave notice of intention to practise as a Maternity Nurse during 1952.

The following are details of maternity cases attended by midwives practising in the area of the Local Supervising Authority during the year:—

	<i>Domiciliary.</i>		<i>Institutions.</i>		<i>Total.</i>	
	<i>As Midwives.</i>	<i>As Maternity Nurses.</i>	<i>As Midwives.</i>	<i>As Maternity Nurses.</i>	<i>As Midwives.</i>	<i>As Maternity Nurses.</i>
1. Midwives employed by the Authority	531	80	—	—	531	80
2. Midwives employed by Hospital Management Committees ...	—	—	2,463	456	2,463	456
Totals	531	80	2,463	456	2,994	536
Number of cases attended by domiciliary midwives after discharge from the hospital or institution and before the fourteenth day						479

A very high standard of service has been maintained by the Domiciliary Midwives during the year, in spite of extra work caused by the lying-in visits in respect of hospital cases discharged before the 14th day.

There were 12 Domiciliary Midwives practising in the Borough throughout the year.

All the Domiciliary Midwives have been approved, by the Central Midwives Board, as teachers of pupil midwives.

611 Confinements have been attended by Domiciliary Midwives.

280 Ante-natal and Post-natal Clinic sessions attended.

3,257 Domiciliary Ante-natal visits were made.

9,870 Domiciliary visits during the lying-in period were made.

1,410 Post-Natal visits to Institutional discharges.

The Domiciliary Midwives attended 611 confinements, including non-residents, and medical aid was sought in 130 cases as follows :—

93 on account of mother or expectant mother.

34 „ „ „ infant.

1 „ „ „ mother and infant.

2 „ „ „ twins.

No maternal deaths occurred in cases attended by Domiciliary Midwives.

Medical Aid.

The following table shows the various reasons for the calling in of medical aid by domiciliary midwives.

Mothers.**ANTE-NATAL.**

Ante-partum hæmorrhage	...	...	...	...	...	...	5
Delayed onset of labour (post-maturity, etc.)	...	...	...	...	...	...	4
Blood pressure	...	...	...	...	...	...	1
Miscarriage (inc. threatened)	...	...	...	...	...	...	2
Uterine inertia	...	...	...	...	...	...	4
Premature labour	...	...	...	...	...	...	1
Transverse lie of foetus	...	...	...	...	...	...	1
Various—occurring during pregnancy	...	...	...	...	...	...	2
							20

NATAL

Delayed delivery (mainly second stage)	...	...	...	...	12
Breech-presentation	...	...	...	...	3
Prolonged labour	...	...	...	...	2
Intra-partum hæmorrhage	...	...	...	...	1
					18

POST-NATAL.

Lacerated perineum, etc.	...	...	...	...	...	...	33
Post-partum hæmorrhage	...	...	...	...	...	...	6
Puerperal pyrexia	...	...	...	...	...	...	7
Mastitis	...	...	...	...	...	...	2
Various (Epilepsy, inflammation, etc.)	...	...	...	...	...	...	8
							56

Babies.

Eye discharges	...	...	...	...	...	...	15
Prematurity	...	...	...	...	...	...	5
Foetal Distress	...	...	...	...	...	...	2
Asphyxia	...	...	...	...	...	...	1
Malformation	...	...	...	...	...	...	4
Jaundice	...	...	...	...	...	...	1
Cyanosis	...	...	...	...	...	...	2
Various (vomiting, inflammation, etc.)	...	...	...	...	...	...	6
							36

Total Calls—Mothers ... 94
 Babies ... 36

130

The following notifications were received from midwives in accordance with the Rules of the Central Midwives Board.

Notification of Artificial Feeding.

289 notifications were received, 43 from domiciliary midwives and 246 from institutions, as follows :—

	<i>Domiciliary.</i>		<i>Institutions.</i>	
	<i>Residents.</i>	<i>Non-Residents.</i>	<i>Residents.</i>	<i>Non-Residents.</i>
<i>Substitution on account of :—</i>				
Insufficient Lactation	9	—	19	51
Other Causes	17	—	43	50
<i>Supplementary on account of :—</i>				
Insufficient Lactation	16	—	28	44
Other Causes	1	—	2	6
Total	43	—	92	154

Notification of Liability to be a Source of Infection.

23 notifications were received, 11 from domiciliary midwives and 12 from institutions, as follows :—

	<i>Domiciliary.</i>		<i>Institutions.</i>	
	<i>Residents.</i>	<i>Non-Residents.</i>	<i>Residents.</i>	<i>Non-Residents.</i>
Mothers	6	—	4	7
Infants	5	—	—	1
Total	11	—	4	8

Notification of Death.

27 notifications were received, 1 from domiciliary midwives and 26 from institutions, as follows :—

	<i>Domiciliary.</i>		<i>Institutions.</i>	
	<i>Residents.</i>	<i>Non-Residents.</i>	<i>Residents.</i>	<i>Non-Residents.</i>
Mothers	—	—	—	—
Infants	1	—	12	14
Total	1	—	12	14

Notification of having Laid out a Dead Body.

4 notifications were received as follows :—

<i>Domiciliary.</i>		<i>Institutions.</i>	
<i>Residents.</i>	<i>Non-Residents.</i>	<i>Residents.</i>	<i>Non-Residents.</i>
1	—	2	1

Ante-Natal Clinics.

	<i>Sessions.</i>	<i>Women Attending.</i>	<i>First Attendances.</i>	<i>Total Attendances.</i>
Green Street	50	357	295	1,699
Boulton	50	207	173	1,005
Roe Farm	53	143	112	901
Amber Street	51	181	150	707
Temple House	50	290	248	1,485
Total	254	1,178	978	5,797

Post-Natal Clinics.

GREEN STREET.

47 attendances were made at 19 post-natal sessions.

TEMPLE HOUSE.

46 attendances were made at ante-natal sessions.

ROE FARM.

36 attendances were made at ante-natal sessions.

AMBER STREET.

51 attendances were made at ante-natal sessions.

BOULTON.

40 attendances were made at ante-natal sessions.

Consultant Clinic.

GREEN STREET.

24 attendances were made at 15 sessions.

Maternal Mortality.

The Maternal Mortality rate for 1952 was nil per 1,000 total births (live and still).

Births.

3,691 notifications were received during 1952 under Sec. 203 Public Health Act, 1936. Of these, 2,067 were live births and 55 were still-births relating to Derby residents. 1,494 were live births and 75 were still-births relating to non-residents. The details were as follows :—

	<i>Derby Residents.</i>		<i>Non-Residents.</i>	
	<i>No.</i>	<i>Percentage.</i>	<i>No.</i>	<i>Percentage.</i>
LIVE BIRTHS.				
Notified by Midwives	533	14.44	6	0.16
Notified by Doctors	78	2.11	1	0.03
Notified from Institutions by Midwives	1,321	35.79	1,185	32.11
Notified from Institutions by Doctors	135	3.66	302	8.18
STILL-BIRTHS.				
Notified by Midwives	3	0.08	—	—
Notified by Doctors	1	0.03	—	—
Notified from Institutions by Midwives	39	1.06	51	1.38
Notified from Institutions by Doctors	12	0.32	24	0.65
TOTALS	2,122	57.49	1,569	42.51

1,507, or 71.0%, of total births relating to residents took place in Institutions. 2,066 births were registered.

Still-Births.

130 Still-Births were notified (37 being notified by Medical Practitioners and 93 by Midwives). 55 were in respect of Derby residents and 75 non-residents. There were 105 burials of still-born children in the Derby cemeteries during the year. 60 still-births were registered in respect of Derby residents. Percentage of still-births to live births registered was 2.9.

55 Still-births were investigated.

Analgesia.

At the end of the year all of the 12 Domiciliary Midwives were qualified to administer analgesics in accordance with the requirements of the Central Midwives' Board. Twelve sets of apparatus were in use by these midwives.

During the year analgesics were administered in Domiciliary Confinements, as shown under, compared with previous years :—

<i>Year.</i>	<i>No. of Confinements.</i>	<i>Analgesics Administered.</i>	<i>Percentage.</i>
1948 	937	383	40.88
1949 	1,001	561	56.04
1950 	785	629	80.13
1951 	628	520	82.80
1952 	611	491	80.36

Pethedine was administered in 263 domiciliary confinements.

Care of Premature Infants.

- Total number of Premature Babies notified during year whose mothers are normally resident within the Borough ... 136
 - Born at home ... 22
 - Born in hospital or nursing home ... 114
- Premature babies born at home in the area :—

BORN ALIVE AT HOME.

	<i>Transferred to Hospital.</i>	<i>NURSED ENTIRELY AT HOME.</i>					<i>GRAND TOTAL.</i>
		<i>Died in first 24 hours.</i>	<i>Died on 2nd to 7th day.</i>	<i>Died on 8th to 28th day.</i>	<i>Survived 28 days.</i>	<i>Total.</i>	
Under 2 lbs. 3 ozs. ...	—	—	—	—	—	—	—
2 lbs. 3 ozs. — 3 lbs. 4 ozs.	2	—	—	—	—	—	2
3 lbs. 4 ozs. — 4 lbs. 6 ozs.	2	—	—	—	1	1	3
4 lbs. 6 ozs. — 4 lbs. 15 ozs.	5	—	—	—	3	3	8
4 lbs. 15 ozs. — 5 lbs. 8 ozs.	1	—	—	—	8	8	9
Total ...	10	—	—	—	12	12	22

Premature babies born on the district have been visited by the Domiciliary Midwives until they have reached the weight of 6 lbs.

Infantile Mortality during the year 1952.

Deaths from stated Causes at various Ages under One Year of Age.

CAUSE OF DEATH.				Under 1 Week	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-3 Months.	3-6 Months.	6-9 Months.	9-12 Months.	Total Deaths under One Year.
Common Infectious Diseases.	Measles	...	...	...	...	...	...	...	...	...	...	...	...
	Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...
	Diphtheria : Croup	...	...	...	...	...	...	...	...	...	...	...	...
	Whooping Cough	...	...	...	...	...	...	...	...	...	...	...	...
	Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...
Diarrhœal Diseases.	Influenza	...	...	...	...	...	...	...	...	...	...	...	...
	Diarrhœa, all forms including Enteritis, Muco-enteritis, Gastro-enteritis, &c.	...	...	...	...	...	...	...	...	...	...	...	...
	Gastritis	...	...	...	...	...	...	...	...	...	...	...	...
	Premature Birth	...	...	11	1	...	1	13	...	...	...	...	13
Wasting Diseases.	Congenital Defects	...	...	6	4	...	...	10	1	3	...	...	14
	Injury at Birth	...	...	3	1	...	...	4	...	...	...	...	4
	Atelectasis	...	...	6	1	...	...	7	...	...	...	...	7
Tuberculous Diseases.	Atrophy, Debility, Marasmus	...	...	...	...	...	...	...	...	...	...	...	...
	Tuberculous Meningitis	...	...	...	...	...	...	...	...	...	...	...	...
	Other Tuberculous Diseases	...	...	...	...	...	...	...	...	...	...	...	...
	Abdominal Tuberculosis	...	...	...	...	...	...	...	...	...	...	...	...
	Meningitis (not Tuberculous)	...	...	...	...	...	...	...	...	1	1	...	2
Other Causes.	Convulsions	...	...	...	...	...	...	...	...	...	...	...	...
	Bronchitis	...	...	...	...	...	...	...	...	...	...	...	...
	Pneumonia	...	...	4	2	1	...	7	3	1	...	...	11
	Suffocation, overlying	...	...	...	...	...	...	...	...	...	...	...	...
	Syphilis	...	...	...	...	...	...	...	...	...	...	...	...
	Laryngitis	...	...	...	...	...	...	...	...	...	...	...	...
Other Causes				...	5	...	...	5	1	1	2	...	9
TOTALS				...	35	9	1	1	46	5	6	3	60

Births { Legitimate 1,945
 Registered { Illegitimate 121

Deaths { Legitimate Infants 56
 { Illegitimate " 4

Infantile Mortality = 28·8
 " " = 33·1

29·04
 per 1,000
 reg'd Births

Survival of Infants born during 1952 in relation to Feeding.

Report by Dr. Margaret M. F. Robinson, Senior Assistant Medical Officer for Maternity and Child Welfare.

In the year 1952 there were 2,067 live births. Of these infants, 44 died during their first week of life and 4 others died of congenital deformities before the age of six months, and 26 left Derby before they were a month old. This leaves 1,193 infants alive and apparently normal at the age of one week. Subsequently 11 of these infants died of infection before the age of six months. One death occurred in a breast-fed infant who died of stomatitis and convulsions at 3 weeks old. His mother was a primipara of 18 years and lived in poor circumstances. Ten infants died, all of whom had been placed on the bottle sometime before the onset of the fatal illness.

The 1,193 infants have been divided into three feeding groups and the death rate from infections is calculated as follows :—

Of the 454 infants who were entirely breast-fed one died ; this gives a rate of 2.20 per thousand.

Of the 354 bottle-fed infants who were started on the bottle during their first month of life, 7 died. This gives a rate of 19.77 per thousand.

The remaining 3 deaths occurred among the other 385 infants during the period of bottle feeding. These infants were mostly breast-fed from six weeks to three months and then changed to bottle feeding. The duration of the bottle feeding was at least three weeks before the onset of their fatal illness.

In all these 11 deaths only one infant was born prematurely and weighed at birth 5 lbs. $3\frac{1}{2}$ ozs. He was bottle-fed from birth and died of pneumonia, at two months old.

Attendances at Welfare Centres in 1952.

CENTRE.	Sessions held.	No. of individual children attending.	Attendances.		Number of Children						First Attendances.							Babies entirely artificially fed at first visit.											
			Mothers.	Children.	Weighed.	Seen by Doctor.					Under 1 month.	1—3 months.	3—6 months.	6—9 months.	9—12 months.	Total under 1 year.	1—5 years.		Total.										
						Under 1 year.	1—2 years.	2—3 years.	3—4 years.	4—5 years.										Total.									
Boulton ...	106	417	2,393	1,643	641	156	49	15	2,504	2,465	314	111	63	25	7	520	73	41	4	1	2	121	11	132	22	10	1	—	33
Nightingale Road	103	516	3,625	2,700	834	204	116	60	3,914	3,832	642	175	81	50	29	977	122	35	711	5	5	180	23	203	31	5	5	2	43
Pear Tree	103	529	4,187	3,225	714	231	151	101	4,422	4,416	520	141	110	73	42	886	124	40	8	3	3	178	11	189	20	18	5	3	46
Normanton	101	467	2,093	1,502	318	179	121	113	2,233	2,183	360	106	97	64	61	688	76	55	7	5	2	145	12	157	18	20	2	1	41
Temple House	99	776	4,370	3,570	622	162	74	31	4,459	4,435	654	141	85	45	18	943	175	127	31	12	4	349	21	370	56	76	21	8	161
Dean Street	50	244	1,689	1,364	214	90	27	5	1,700	1,674	267	74	48	23	3	415	59	39	3	2	2	105	6	111	12	9	1	—	22
Roe Farm	100	498	2,632	1,998	384	180	110	85	2,757	2,701	350	108	91	61	45	655	92	53	12	2	5	164	5	169	22	29	6	1	58
Green Street	152	823	3,961	3,107	607	177	103	73	4,067	4,041	604	166	101	62	41	974	150	116	31	11	5	313	9	322	57	65	22	11	155
TOTAL	808	4,270	24,950	19,109	4,334	1,379	751	483	26,056	25,747	3,711	1,022	676	403	246	6,058	871	506	103	47	28	1,555	98	1,653	238	232	63	26	559

Ophthalmia Neonatorum.—Cases notified, 13.

Further information and the table required by the Ministry will be found on page 81.

Pemphigus Neonatorum.—No cases were notified during the year.

Children of Pre-School Age.

During the year under review, routine medical inspection was carried out in 1,040 children of two, three and four years of age. Of this number, 109 were admitted to school during the year and particulars of the treatment of those cases are included in that part of the Report dealing with school children. Of the remaining 931 routine medical inspections, 199 children were referred for treatment and 485 placed under observation. In a number of these cases, children with more than one defect are included under both headings. The number of individual children requiring treatment or observation, or both, was 583. In addition, 330 re-inspections and 45 special examinations were made.

Below is a statement of cases, showing the numbers of children of pre-school age which were referred to the various clinics during the year :—

Ultra-Violet Ray Clinic	...	...	...	...	44
Orthopaedic Clinic	...	...	...	...	146
Aural Clinic	...	...	...	...	17
Dental Clinic	...	...	...	...	517

Attention has been paid by the Health Visitors throughout the year to the conditions of the children's hair. Once again we have to report a very low incidence of infestation among those examined.

Work of the Health Visitors.

Report by Miss E. M. Gardiner, Superintendent Health Visitor.

During 1952 the Health Visitors have again carried out their usual efficient duties. The Health Visitors' work takes them into the homes of the people, and they can claim no little part in the health of the present generation.

51,295 visits were paid to approximately 11,900 babies and pre-schoolchildren. The mothercraft of Derby is, generally speaking, at quite a good level, but the borderline cases and problem families still require a lot of attention and, in some cases, daily visiting over a long period. During the past year a mothercraft class was started in a room in the Council House and demonstrations and talks on health matters given.

Premature babies, as usual, have been visited daily on their discharge from hospital, until they attained 6 lbs. in weight.

Health education has been carried out at each of the 8 Welfare Centres and 5 Ante-natal Clinics with the emphasis on positive health.

The Health Visitors have taken on extra duties for the Geriatric patients and these have proved very interesting.

Vernon Street Home for Unmarried Mothers has again been visited at least weekly and committee meetings attended.

SUMMARY.

1. MOTHERS.

Visits re Expectant Mothers	...	...	...	...	...	262
„ „ Mothers (Post Natal)	...	...	...	...	...	401

2. CHILD WELFARE.

Visits re Births	...	...	...	...	...	1,995
Revisits re Births (under 1 year)	...	...	...	...	...	12,305
„ „ Children (1—5 years)	...	...	...	...	...	22,611
Visits re deaths of infants under 1 year	...	...	...	...	...	10
„ „ „ „ „ over 1 year	...	...	...	...	...	7
„ „ Still births	...	...	...	...	...	8
„ „ Premature Babies	...	...	...	...	...	44
Revisits re Premature Babies	...	...	...	...	...	345

3. INFECTIOUS DISEASES, EXCLUDING TUBERCULOSIS.

Visits to Infectious Diseases (Scarlet Fever, Measles, Pneumonia, Whooping Cough)	3,471
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4. OTHER PUBLIC HEALTH WORK.

Visits re Adoption	62
Special Visits (including investigations)	1,134
Visits re After Care (Hospital Discharges)	...	...	...	...	...	27
Revisits re After Care ( „ „ )	...	...	...	...	...	19
Visits re Chronic Sick (Geriatric Patients)	...	...	...	...	...	192

5. MISCELLANEOUS.

Unsuccessful Visits (out, removals, etc.)	...	...	...	...	...	9,464
Assisting at Infant Welfare Sessions	...	...	...	...	...	1,290
„ „ Ante-natal Clinics	...	...	...	...	...	275
„ „ Post-natal Clinics	...	...	...	...	...	24
„ „ Consultation Clinics	...	...	...	...	...	15

The Unmarried Mother and Child.

The Derby and Derbyshire Association for the Help and Protection of Girls has been able to carry on with the hostel which was opened in 1944. A close liaison has been maintained between the Local Authority and the Association. In 1952, 2 Borough residents were cared for in the Hostel, and 12 expectant mothers and 1 nursing mother were admitted to homes elsewhere.

I am indebted to Mrs. Mary Morling, Moral Welfare Worker, for the following Report on the work of the Diocesan Moral Welfare Association in the Borough.

"The year 1952 has proved to be an exceedingly busy one. We have been confronted with many difficult problems which have been faced and overcome. We are very concerned at the number of unmarried mothers of under sixteen years of age which are brought to our notice but, alas, not all into our care. These young girls are sent to one of our special Homes for six months, as we feel they need all the help and care it is possible to give them. The Christian family life is of paramount importance and is the only real remedy. It will go a long way towards solving, and preventing, the unhappiness besetting parents and young people who besiege the Derby and two County offices seeking help.

"We are glad to be able to report that some of the fathers of the babies offered for adoption are, of their own free will, paying the expenses of the confinement and the clothes for the child. We are, however, distressed that the number of married men as putative fathers has again increased.

"Applications from mothers for the adoption of their babies have greatly increased. They are not encouraged but, where it is felt that adoption would be the best for the child, the application is forwarded either to the Children's Officer or a Registered Adoption Society.

"Much new work among the aliens has come in from the Home Office through the National Council for the Unmarried Mother and her Child. In most cases these girls keep their babies and make good mothers. They do appreciate the help we are able to give them, and realise that it depends on their future behaviour whether their application to remain in England, or to take British Nationality, is favourably considered. A great deal of work is involved in tracing the fathers of these children (who are as often British as foreign), and in obtaining Affiliation Orders against them.

"We still very urgently need a special Home to which we can send women and girls who need shelter without delay. It is a terrific problem to know what to do with them when they are found wandering, or suddenly turned out of their homes or lodgings. There is a great development in the work and the Health Department doctors, Probation Officers, and Police are, by their full co-operation, chiefly responsible for this advance. We could not work to our fullest extent without them, and we are intensely grateful to them all for their kindness and very ready help which must, so often, be required at very short notice."

The number of cases dealt with in the Borough is as follows:—

Applicants at the Derby Office	...	...	...	...	501
Single Girls	...	...	...	...	29
Married Women	...	...	...	...	7
Matrimonial Cases	...	...	...	...	2
Care and Protection	...	...	...	...	1
Carnal Knowledge	...	...	...	...	1
Cases from W.V.S.	...	...	...	...	1
Alien Cases from N.C.U.M.C. for Home Office	...	...	...	...	7
Putative Fathers:—Single	...	...	...	...	14
Married	...	...	...	...	18
Cases to Court	...	...	...	...	9
Affiliation Orders	...	...	...	...	4
Fathers Paying	...	...	...	...	4
New Cases	...	...	...	...	40
Cases Active from 1951	...	...	...	...	9
After Care	...	...	...	...	8

Day Nurseries.

Report by Miss M. R. Moss, Supervisor of Day Nurseries.

The children catered for in our Nurseries are those whose mothers are widows, separated from their husbands, with or without an allowance, unmarried, also those whose husbands are in the forces, earning a low wage, or are invalids. Accommodation is also provided for these children whose mothers are in vital posts, e.g. nursing, teaching, and when the family is living in one or two rooms where it is impossible to rear young children in a healthy, normal manner.

Accommodation in the four nurseries is limited and the unavoidable waiting lists continue. The demand for "short term" accommodation where there are no relatives to help is always present, e.g. confinements, illness of mothers, etc. These "short term" cases could be dealt with if more accommodation were available. This problem continually assails us.

Children accommodated and number of children on the waiting lists for the year 1952 :—

	0—2 yrs.	2—5 yrs.
Number of approved places	65	105
Number of children on the register at 1st of January, 1952	54	139
Number of children admitted during the year ...	117	68
Number of children discharged during the year ...	72	120
Number of children on the register at 31st of December, 1952	57	139
Average daily attendance	48	112
Number of applications for admission	202	
Number of applications for admission outstanding at the end of 1952	361	

Immunisation against diphtheria and whooping cough and the periodic inspections, by medical officers, of all children attending the nurseries was maintained as in previous years.

The general health of all the children was excellent and the incidence of infection was one of the lowest on record since the nurseries were established.

A Garden Party, Sale of Work, and a Staff Dance, were efforts made by the staff. The proceeds bought toys and apparatus which were very much needed.

The number of staff employed at the end of the year was as follows :—

	<i>Ford Street.</i>	<i>Kitchener Avenue.</i>	<i>Beaufort Street.</i>	<i>Osmaston Road.</i>	<i>Total.</i>
Matrons	1	1	1	1	4
Staff Nursery Nurses...	3	2	2	3	10
Nursery Assistants ...	1	2	1	1	5
Wardens	—	—	1	1	2
Students	8	8	8	14	38

The number of students in training during the year for the Nursery Nurses Diploma (National Nursery Examination Board), was 17. Nine of these were “first year” students and eight “second year”. Two students entered for the examination in September and two passed. One of these students was successful in obtaining a post as staff nursery nurse in a residential nursery, and the other student entered college on a nursery teachers training course.

The nursery students continue to achieve excellent results in examinations and, when they go further afield to new and responsible posts, we are gratified to hear from their employers that our trained staff maintain their good work

Nursing Homes.

Registered at 31st December, 1951	...	...	...	...	...	—
(1) Applications for registration	...	...	...	...	...	—
(2) Applications for registration withdrawn	...	...	...	...	...	—
(3) Homes registered	...	...	...	...	...	—
(4) Orders made refusing or cancelling registration	...	...	...	...	...	—
(5) Appeals against such Orders	...	...	...	...	...	—
(6) Cases in which Orders have been—						
(a) Confirmed on appeal	...	...	...	...	...	—
(b) Disallowed	...	...	...	...	...	—
(7) Number of applications for exemption from registration	...	...	...	...	...	2
(a) Granted	...	...	...	...	...	2
(b) Withdrawn	...	...	...	...	...	—
(c) Refused...	...	...	...	...	...	—
On register at end of year	...	...	...	...	...	Nil

Nurseries and Child-Minders Regulation Act, 1948.

Two daily minders are registered under the above Act and each one provides for two children. These children have been visited at approximately fortnightly intervals.

III. —DENTAL SERVICES.

Report by Mr. A. Stafford, Senior Dental Officer.

In a review of the local authority's dental services for the past year, it is pleasing to note a general increase in the number of cases dealt with, and in the amount of treatment carried out, due to the fact that for the latter nine months of the year the staff of dental officers was up to full approved establishment.

This position is once again a reminder of the good fortune regarding staffing problems which this authority continues to enjoy as against that prevailing in many other areas, but it should not be overlooked that an approved establishment of staff does not necessarily mean an adequate one, and there still remains a certain amount of required treatment—notably for the early stages of dental disease—which has to be passed by each year.

Healthy staffing facilities enable us all the better to maintain a fair standard of dental conditions for the groups under our care, and this must surely be accepted as a useful contribution to the general, as well as the dental health of these groups.

Personnel.

The vacancy for a dental officer, which had stood for two and a half years, was filled in April by the appointment of Miss B. B. Thornhill, B.D.S., bringing the total to five whole-time officers. The full approved strength of dental attendants was maintained, except for two short breaks during the year due to changes, and while this may appear numerically satisfactory, at least a year must elapse before the two new attendants are sufficiently trained to make good the loss of their predecessors.

Premises.

Any comments on premises can only be repetitive ones, reference having been made for some time past to the cramped conditions at Temple House, and to the absence of any progress regarding the proposed dental centres at Roe Farm, Boulton and Green Street. If the latter scheme, being somewhat costly, has now become ruled out, perhaps the possibility of the erection of one such centre on available spare ground at Temple House might be explored. This project, two-thirds less costly, would not only serve to relieve the congestion at Temple House, but would also enable us to meet at least one other eventuality. Attention must again be drawn to the fact that we have a full-time branch clinic at the City Hospital, the use of which cannot perhaps be regarded as a safe permanency in the future.

THE SCHOOL DENTAL SERVICE.

Inspection.

All the Primary, Secondary and Grammar Schools were visited for routine dental inspection, with the exception of the Derby and Bemrose Schools. Priority will therefore be given to these two schools in the ensuing year.

At these inspections children of all ages were examined, totalling 19,379, of which 21.6% were considered to be dentally sound, 22.9% slightly defective and 55.5% requiring treatment. Of the last-named group, numbering 10,748 it was possible to refer 8,808, and of these 79.5% consented to treatment, 14.0% refused the offer, while from 6.5% there was no reply. Table 1 (page 39) gives these details of the children per age group as well as per school, and of the response to our offer of dental care in the case of each school.

Treatment.

13,073 attendances at the clinics were made by 8,819 children for the following types of treatment.

- (a) *Fillings.* 7,201 were inserted in 5,796 permanent teeth and 5 fillings in 5 temporary teeth.
- (b) *Extractions.* 9,915 temporary teeth and 1,792 permanent teeth were removed (175 of the latter being sound teeth extracted for orthodontic purposes).
- (c) *Anæsthetics.* 6,875 general anæsthetics (Nitrous Oxide and Oxygen) and 2 local anæsthetics were administered for the foregoing extractions.
- (d) *Other operations.* There was the normal small number of cases of dressings for gum conditions and for the scaling and polishing of teeth. 53 small dentures were provided for certain older scholars, and 11 similar dentures were repaired.

Table 2 (page 40) gives these details in tabulated form.

Specialised Treatment.

- (a) *Orthodontia.* 45 appliances for the correction of simple cases of irregularity of teeth were constructed, and overcrowded mouths were rectified by extraction treatment.
- (b) *Radiography.* 162 X-ray films were taken during the year, with great assistance to subsequent treatment.

Propaganda Work and Research.

As all available time was used in meeting the demands of inspection and treatment, no opportunity was afforded for efforts in this direction.

PRIORITY DENTAL SERVICES.

Inspection.

Compared with the previous year's figures there were increases of 11% in the number of Expectant Mothers inspected, 24% in that of Nursing Mothers and 3% in that of Young Children. This tends to show the growth of this side of the work, but while more of these cases may attend these clinics (and all are dentally examined as a matter of routine), it does not follow that all the required treatment can be carried out by us.

Treatment.

There were, nevertheless, increases also in the number of cases treated in all these groups. That for Expectant Mothers was 31.5%, for Nursing Mothers 18.5% and for Pre-School Children 4.3%.

The treatment given to mothers followed much the same pattern as in the previous two years, but while we were able to cover more ground, we were still only able to cope with a small amount of the required conservative treatment, and most of the patients needing this form of treatment had to be referred to outside dentists, for it to be obtained under the National Health Service. It is at least some satisfaction that we are able to keep many of the mouths of these patients free from sepsis at this important time by means of extraction treatment—a very valuable, if not ideal type of treatment in the particular circumstances.

Dental X-ray facilities continue to play a very useful part in the treatment of many of these cases, and the hospital services available at the City Hospital clinic, where the greater part of this work is undertaken, are also invaluable to us in this branch of the service.

It is interesting to note that in spite of the rise in the number of Pre-School Children treated, there were actually fewer extractions (temporary teeth) than in the previous year, and one continues to hope that the incidence of dental disease in the age groups up to five years may be lessening.

Tables 3 and 4 (pages 41 and 42) give all the details in statistical form.

Propaganda Work and Research.

The issue of suitable pamphlets, published and supplied free by the Dental Board of the United Kingdom, was the only manner in which efforts could be made under this heading, no further time being available for it.

TABLE 1. ROUTINE DENTAL PERCENTAGES, 1952.

SCHOOL.	Sound.	Defective but not requiring treat- ment.	Requiring treat- ment.	RESULTS OF M.14's.		
				Consents.	Refusals.	No reply.
Abbey	30.1	4.4	65.5	73.8	24.6	1.6
Allenton	21.9	8.8	69.3	76.4	20.0	3.6
Ashgate	18.2	27.8	54.0	79.3	14.9	5.8
Beaufort	11.4	32.5	56.1	74.2	14.7	11.1
Becket	14.8	38.5	46.7	82.3	15.0	2.7
Bemrose	—	—	—	—	—	—
Boulton	16.0	37.2	46.8	85.0	12.6	2.4
Castle	15.8	32.2	52.0	72.0	18.7	9.3
Central	25.1	4.3	70.6	74.8	12.6	12.6
Christ Church ...	19.5	32.7	47.8	88.0	7.5	4.5
College	17.0	34.6	48.4	73.1	16.1	10.8
Dale	32.1	20.1	47.8	74.6	13.9	11.5
Derby	—	—	—	—	—	—
Derwent	19.0	17.8	63.2	77.2	13.3	9.5
Firs Estate	14.3	39.3	46.4	82.6	9.1	8.3
Hardwick	22.3	24.6	53.1	80.1	14.9	5.0
Homelands	55.2	5.2	39.6	82.8	14.9	2.3
King's Mead	15.2	30.5	54.3	60.7	29.6	9.7
Lancaster	41.4	4.0	54.6	29.2	29.2	41.6
Markeaton	34.9	14.9	50.2	80.7	14.1	5.2
Moorhead	15.8	45.3	38.9	94.2	3.9	1.9
Nightingale	9.6	27.8	62.6	88.3	8.6	3.1
Normanton	13.2	26.8	60.0	85.7	8.5	5.8
Parkfields Cedars ...	41.1	1.7	57.2	74.9	20.3	4.8
Pear Tree	25.7	22.8	51.5	80.9	10.4	8.7
Roe Farm	15.8	36.7	47.5	92.4	5.9	1.7
Rosehill	14.6	14.8	70.6	72.0	25.5	2.5
Rykneld	23.5	3.3	73.2	55.4	26.9	17.7
St. Chad's	36.1	40.4	23.5	84.6	3.9	11.5
St. Dunstan's	12.9	54.8	32.3	82.8	13.8	3.4
St. James' Church ...	10.1	20.5	69.4	82.0	13.2	4.8
St. John's	20.0	26.0	54.0	76.5	15.7	7.8
St. Joseph's	28.7	19.1	52.2	83.9	5.9	10.2
St. Luke's	19.2	40.8	40.0	61.9	16.7	21.4
St. Mary's	27.4	20.3	52.3	87.9	5.8	6.3
St. Paul's	10.1	34.0	55.9	77.9	18.2	3.9
St. Peter's	26.8	24.7	48.5	88.6	9.1	2.3
School of Art	40.4	0.7	58.9	94.9	3.4	1.7
Sinfin	13.2	21.1	65.7	85.0	4.7	10.3
Southgate	22.1	21.8	56.1	77.6	12.6	9.8
Sturgess	42.4	4.0	53.6	77.1	22.9	—
Temple House	38.8	17.7	43.5	72.2	11.1	16.7
Wilmorton	24.5	25.8	49.7	80.3	16.1	3.6
PERCENTAGE	21.6	22.9	55.5	79.5	14.0	6.5
AGE GROUPS.						
5 years of age ...	27.9	44.0	28.1			
6	14.1	48.1	37.8			
7	15.6	34.6	49.8			
8	11.4	27.5	61.1			
9	10.2	22.6	67.2			
10	13.6	15.1	71.3			
11	23.5	9.8	66.7			
12	32.3	5.5	62.2			
13	33.9	2.0	64.1			
14	31.0	0.7	68.3			
15	38.8	0.2	61.0			
16	35.7	—	64.3			
17	50.0	—	50.0			
18	57.1	—	42.9			

TABLE 2.

INSPECTION AND TREATMENT.

1. No. of pupils inspected by the Authority's Dental Officers :—	5. Attendances made by pupils for treatment	13,073
(a) Periodic Groups :—	6. Half-days devoted to :—	
Aged (up to)	(a) Inspection	144
5 years	(b) Treatment	1,749
6 „	Total	1,893
7 „		
8 „	7. Fillings :—	
9 „	Permanent Teeth	7,201
10 „	Temporary Teeth	5
11 „	Total	7,206
12 „		
13 „	8. No. of Teeth filled :—	
14 „	Permanent Teeth	5,796
15 „	Temporary Teeth	5
16 „	Total	5,801
17 „		
18 „	9. Extractions :—	
Total	Permanent Teeth	1,792
	Temporary Teeth	9,915
(b) Specials	Total	11,707
(c) Total (Periodic and Specials)	10. Administrations of anæsthetics :—	
19,417	General	6,875
	Local	2
	Total	6,877
2. No. found to require treatment		
13,288		
3. No. referred for treatment ...	11. Other operations :—	
11,348	Permanent Teeth	944
	Temporary Teeth	2
4. No. actually treated	Dentures	53
8,819	Orthodontic Appliances	45
	Obturators	1
	Denture Repairs	11
	X-Rays	162
	Total	1218

TABLE 3.

SHOWING INSPECTIONS AND TREATMENTS CARRIED OUT
AT EACH OF THE DENTAL CENTRES.

1952.	TEMPLE HOUSE.				CITY HOSPITAL		ANTE-NATAL INSPECTION CLINICS.					TOTALS.
	Expectant Mothers.	Nursing Mothers.	Young Children.	Miscel- aneous.	Expectant Mothers.	Nursing Mothers.	Roe Farm.	Boulton.	Temple House.	Green Street.	Amber Street.	
Attendances	48	128	624	63	872	101	89	127	166	147	112	2,477
Cases examined... ..	9	27	517	22	499	30	87	125	164	146	109	1,735
Needing treatment	9	27	490	18	278	30	49	72	104	94	71	1,242
Referred for treatment	9	27	490	18	169	28	26	47	59	69	52	994
„ to own dentist	—	—	—	—	78	—	13	20	27	13	12	163
Refused treatment	—	—	—	—	7	2	2	—	3	3	1	18
Treatment inadvisable... ..	—	—	—	—	24	—	8	5	15	9	6	67
Failed to attend	—	1	1	—	14	1	3	13	11	22	6	72
Treated	9	26	489	18	155	27	23	34	48	47	46	922
Made dentally fit	6	16	461	8	75	12	—	—	—	—	—	578
Extractions	25	27	887	10	713	56	—	—	—	—	—	1,718
Local Anæsthetics	3	—	—	1	11	3	—	—	—	—	—	18
General Anæsthetics	11	13	569	7	286	18	—	—	—	—	—	904
Fillings	1	8	—	19	33	4	—	—	—	—	—	65
Scalings & Gum treatments	—	1	—	—	9	1	1	4	8	1	4	29
Silver Nitrate treatments	1	—	—	7	—	—	—	—	1	—	—	9
Dressings	27	91	1	25	47	66	—	—	—	—	—	257
Radiographs	7	—	—	9	—	—	—	—	2	—	—	18
Denture Patients	5	25	—	1	9	13	—	—	—	—	—	53
Full Dentures	1	8	—	—	5	9	—	—	—	—	—	23
Partial Dentures	5	23	—	1	5	9	—	—	—	—	—	43
Dentures Repaired	1	1	—	—	1	1	—	—	—	—	—	4

TABLE 4.

SHOWING THE NATURE OF THE TOTAL SERVICES GIVEN TO THE PRIORITY CLASSES AT ALL THE DENTAL CENTRES.

(a) *Numbers provided with dental care :*

	New Cases this Year.						Failed to keep appointment.	Treated by us.	Made dentally fit.	Awaiting Treatment.	Attendances made at Clinic.
	Examined.	Needing Treatment.	Referred to		Refused Treatment.	Treatment inadvisable.					
			Our Treatment Clinic.	Own Dentist.							
Expectant Mothers	1139	677	431	163	16	67	49	375	96	7	1,561
Nursing Mothers	57	57	55	—	2	—	1	54	33	—	229
Children under five ...	517	490	490	—	—	—	1	489	462	—	624

(b) *Forms of dental treatment provided :*

	Extrac- tions.	Anæsthetics.		Fillings.	Scalings and for Gum Treat- ments.	Silver Nitrate Treatments.	Dressings.	Radiographs.	Dentures.		
		Local.	General.						Provided.		Re- paired.
									Com- plete.	Par- tial.	
Expectant Mothers	735	14	295	34	30	1	74	9	6	10	2
Nursing Mothers	83	3	31	12	2	—	157	—	18	32	2
Children under five ...	987	—	569	—	—	—	1	—	—	—	—

IV.—SCHOOLS AND SCHOOL CHILDREN.

Report by Dr. A. Morrison, Deputy Medical Officer of Health and Senior School Medical Officer.

GENERAL REVIEW.

Staff.

The work of the School Health Service has progressed steadily during 1952. We have had, what we now come to regard as almost normal, a period of several months in which we were without the services of one of our medical officers; as an inevitable result the schedule of school inspection was again not completed. The year ended, however, with a full medical staff. As in previous years, the Child Guidance Clinic has been handicapped by the absence of a psychiatric social worker; this has imposed a severe strain on the rest of the staff, and it is very much to their credit that they have carried on the work of the clinic so successfully. Some help, however, was afforded by the appointment of a full-time remedial teacher. Another addition to the staff was the part-time appointment of an additional speech therapist, and it is hoped that the considerable waiting list will now be brought up to date. We are still without the services of a physiotherapist, but one of the school nurses, after a course of training, has undertaken with conspicuous success part of the work in the orthopaedic clinic.

Developments.

The new building which was erected for the Child Guidance Clinic was opened at the beginning of the year. It has improved very appreciably the working of the clinic, and in addition has relieved the unsatisfactory overcrowding and inconvenience in the main infant welfare building, which had been used previously for child guidance services.

During the year, it became possible to send day pupils to the Special School for delicate pupils at Ashe Hall, and this has filled an important gap in the care of children who require special physical care.

The Nottingham Area No. 2 Mass Radiography Unit again visited the town for the examination of the school leavers, and a report on this examination appears below.

The new clinic at Rykneld, to replace the completely inadequate minor ailment clinic in Firs Estate School, and an infant welfare centre without any modern facilities, is almost complete and will be opened early in 1953. The other new clinic projected for Normanton is also being planned. Thus even in these difficult post-war years, the replacement of antiquated and unsuitable buildings is being steadily advanced. The teaching of children in hospital has continued during the year, and been extended to the Derwent

and Drayeott hospitals. As in previous years special reports are included from the Speech Clinic, the Child Guidance Clinic, the Class for the Partially Sighted, the Special School for Educationally Subnormal Pupils, the Special School for Delicate Pupils, and the Mass Radiography Unit.

The record of work in 1952 shows few changes from previous years. This is to be expected, as significant alterations in the health of school children do not present themselves dramatically within short periods. Social changes which greatly influence health, apart from the great national upheaval caused by a war, always take place gradually and their effects are not appreciable at once. It is pertinent, however, to comment on some of the changes which have taken place over a period of years.

Nutrition.

As the fundamental purpose of the School Health Service concerns the nutrition of school children, it is obvious that estimations on this aspect of child life should be made periodically. The difficulty lies mainly on the method of assessment, but in general, height and weight increases, appearance of skin, hair and muscle; posture, alertness, vigour, cheerfulness, and the relative infrequency of minor ailments are all regarded as the main criteria. As children, however, vary so widely in physical type and temperament it is impossible to define exact standards. In the absence of standards only those features which can be measured are generally reliable, as the others depend on assessments which may and do vary with the observer. A hæmoglobin estimation might reveal if this important factor in health has altered, but this, except as a work of research, is not practicable, and as far as the present position is concerned we have no past records of this condition. Comparisons therefore are not possible. With regard to the functional state of children, it is significant, though not in any sense scientific, that parents are almost unanimous in their judgment that the children of to-day are healthier, more lively and possess greater stamina than the children of twenty-five years ago. This is probably true, and not accounted for by more hygienic dress and better facilities for play. To some of us who are older, the horrible deformities of gross rickets and massive glands, and on examination the discovery of heart disease in so many children, once so frequent and now so seldom seen, are incontrovertible evidence for the improved physique of the child. That the young men of to-day are fitter in every respect than those of fifty years ago is amply demonstrated by the results of medical examinations for military service. In 1952, 76% of all those examined were placed in Grade I, and 10.5% in Grade II. An increase of height and weight, progressive over a long period, is probably a reasonable proof that the nutrition of children has improved. If this is so, and any other reason would appear difficult to

explain, it is clear evidence that children are stronger and fitter than they were in 1915, when these records which are produced below were started. Another fact, more doubtful to assess it is true, is the diminution in the number of children attending the clinic for minor ailments. The table printed below shows that the numbers attending, although the school population was a little higher, have considerably diminished. It must be noted that since 1948 every child has access to his family doctor, but there is little evidence that children have been taken in large numbers to their private doctors for the treatment of minor ailments. It is more likely, apart from accidents, that minor ailments are now less common than formerly, and that this is a reflex of the improved nutrition of the school child. It is recognised that many factors have combined to produce this result, such as higher standards of living, better housing conditions, greater pre-school care, modern antibiotics, etc., but no doubt the School Health Service has contributed to a great extent in this benevolent influence.

Vision.

An interesting aspect of the findings of medical inspection is the proportion of pupils who have defective vision. Comparisons show that in the last forty years there has been very little change. If anything there has been a slight increase, but whether this has been occasioned by more time spent on reading or visits to the cinema is pure speculation. The same can be said of the new entertainment of television, which in any case is too recent to permit of definite facts.

Uncleanliness.

It is difficult to reach a firm conclusion about uncleanliness. While this condition has been vastly ameliorated, the fact remains that in 1952, 920 out of 22,236 children showed some evidence, even if only slight, of infestation. As the condition occurs almost entirely in girls, it indicates an infestation rate of about 8%. Even if the degree is extremely slight in the vast majority of cases, to those of us who have high ideals of cleanliness this is a sombre thought. Among those with heavier infestation it must be recorded that a certain percentage of the mothers do not regard with any great concern the presence of nits in the hair of their children, and therefore to regard these children as suffering from parental neglect is scarcely justifiable. It is probable in many of these cases that familiarity breeds contempt, as the condition is so frequently of family distribution. The position is further complicated by the modern hairdressing style of "perms" which results, from some modes, in several weeks' interval between the hair being washed. Quite clearly, the only solution of this problem is the continued insistence on higher standards of hygiene.

It has always been a special feature of the work of our school nurses to inculcate the idea of cleanliness at every opportunity. This policy has been intensified and since 1941, when the specially equipped cleansing centre was instituted, every mother of an infested child has been interviewed, where at all possible, by a member of the staff. On these occasions not only have efforts been made to educate them in hygiene and ethical standards, but methods of cleansing and of avoiding reinfestation have been demonstrated. This I regard as most valuable, but progress, though definite, has been disappointingly slow. Perhaps a national effort might help, and since it is now fashionable to deal publicly with elemental topics, perhaps the B.B.C. through its television service might assist in this campaign.

The Future.

The functions of the School Health Service in the future have been widely discussed in recent years. The basic focal point of those deliberations has been the value of the periodic medical inspections which take place on entry, an intermediate inspection at ten years of age, and in the last year of school life. It is agreed that the first examination is essential, but contended by some that the two later examinations, especially the intermediate one, might be discontinued or replaced by modified inspections which would take less time to administer and would be equally valuable. In my view the deciding factor should be the extent of our knowledge of the health of children during their school life. This is at present governed by the child's absences from school, his illnesses, minor and major, and reports from teacher and parent on his unsatisfactory physical condition. The knowledge derived from these factors is in my view quite insufficient at present to justify such a fundamental change in procedure. Three full examinations in the school life of all children are surely not too many, especially when it is remembered that the first years in the infant department is the period when most children suffer from the infectious diseases, and present sequelæ which may, and do in many cases, remain undetected. The intermediate examination thus provides a very valuable clearing house. It is certainly true that the defects revealed at the inspection of the leavers are comparatively low, and that a large proportion are healthy children. I cannot accept this as a reason for discontinuing the examination. It is a fitting conclusion to the care of the child during his school life, an assurance that he will be fit to undertake the changes and hazards of industrial life and, a point of widening importance, it concludes a medical record of very great value to factory surgeons, family doctors, and the medical boards of military tribunals.

Another point of interest is whether investigations ought to be made with regard to special diseases, the one to which most attention is directed at present being tuberculosis. In some areas for example a skin test is applied to all infants to determine the question of past or present infection, those with positive reactions being referred to the chest physician. This has been recommended by the Joint Tuberculosis Council, which suggests appropriate intradermal tests, not only at frequent intervals in the pre-school life of children, but at the ages of five, eight, eleven and before leaving school. Some evidence has already been produced from those areas in which tests have been carried out that they have resulted in the detection, not only of active tuberculosis in some of the children tested, but also in unsuspected adults who were examined as contacts of positive reactors. Obviously the results of these investigations must be studied with great care, but it is fair to say that some chest physicians are not fully convinced of their value, and consider that an intensified attack on traditional lines might give even better results. The incidence of tuberculosis is waning. This is due to safer milk, better occupational environment, and raised standards of living. It is kept alight by poor housing and other social conditions. Although regular X-ray of teachers is advised, it is rare to find tuberculosis being spread by propinquity in schools, and it is usually found to be a family infection. It might be better to await further results of the controlled and specialised study of skin testing, and indeed B.C.G. vaccination in general, before embarking on a definite policy in this matter. As the tubercularisation of children is continually occurring, it must be agreed that to be logical, testing should be carried out at regular and frequent intervals if consistent results are to be obtained. It is equally important that all the social factors which are known to contribute to the spread of tuberculosis should continue to receive close and unremitting attention. The miniature mass X-ray of leavers was initiated in 1951, and for the reasons which I give for the final periodical medical inspection, I advocate the continuance of this examination also. Although the number of positive cases discovered is small, the operation is speedy, comparatively inexpensive, and negative findings afford satisfaction and assurance to parents and children alike.

As the National Health Service has now reached its fifth year, it is suitable to review the operation of the School Health Service and its place in future developments. The greatest change with regard to children was that under the National Health Service medical treatment became available to them as part of the scheme. This was a great advance, as it enabled parents, without financial obligation, to call the family doctor to the home for children acutely ill. Otherwise it has made little difference as far as the School Health

Service is concerned. The Consultants are now remunerated by the Regional Hospital Boards, but the clinics are still held on clinic premises, and the administration and follow up arrangements continue as previously. The number of consultations held by school medical officers has altered only slightly; and due probably to better health and general care, the numbers of children attending the Minor Ailment Clinics have diminished. This would appear to indicate, as generally anticipated, that the family doctor is called in not so much for general advice as for treatment for urgent sickness. Whatever methods are employed, the aim of the School Health Service remains crystal clear. It is to build up and maintain as high as possible the health of the child both physically and emotionally. This involves ascertainment of undiscovered defects, the (statutory) duty to see that treatment of defects is made freely available, the raising of the nutritional state by various methods such as accessory foods, ultra-violet rays and varying periods at convalescent homes. In particular does this involve after care, one of the most important of all the functions of the service. It also includes school hygiene and equipment—games, posture, etc., and the supervision of school meals—a complex range of duties. One of the special functions of the Service is research into problems concerned with school children. It must, however, be stated that while observation and analysis are extremely useful, it is probable that any research which is to produce significant results acceptable to reasonable critics must be planned on strict scientific lines, and carried out with reliable controls. In most investigations this involves tests which normally are outside the range of school medical facilities. I feel, therefore, that while observations and enquiries play a valuable minor role, expert investigations must be a co-operative effort. There also remains for the School Health Service the vast problem of education for handicapped children, and one which is rendered more difficult with the apparent rise in the incidence of cases of cerebral palsy and poliomyelitis. Whether the best educational care of these children can be undertaken in units in other special schools or in special schools devoted to these particular children is not yet decided. The problems of staffing such schools are immense, and a satisfactory solution will demand serious and lengthy consideration.

It is, however, beyond doubt that any scheme to secure the best possible results for the school child must be based on very full co-operation with the hospital and the family doctor. In time no doubt the family doctor may become the guide, philosopher and friend of the family, and may be consulted on every phase of family life. This cannot be realised until the doctor's general medical list becomes small enough to give him reasonable time for these so desirable activities, but this reduction involves issues of medica-

replacements and finance which are no affair of the School Medical Officer. The fact remains that *at present* the family doctor deals primarily and mainly with acutely ill children, and normally ceases to attend when the acute stages are over. The hospitals are concerned with major illnesses and supervision, and I record with pleasure how extremely helpful the consultants, registrars and almoners have been with the supply of information and with requests for the after care of children both educationally and socially. It is quite certain that we can make satisfactory progress towards the complete and co-ordinated care of the child by regarding ourselves not as rivals and competitors for the favours of the family, but as firm and friendly partners, and by respecting and honouring the roles which we each have to play in the creation of full health for the children of the country.

In conclusion I should like to thank the members of the Education Committee, Mr. Middleton, Director of Education, and Dr. Leyshon for their help, encouragement, and guidance during the year, and further, all my colleagues, medical, nursing, clerical and other, who have all combined to make the work so interesting and successful.

SCHOOL ATTENDANCE.

The accommodation in Primary and Secondary Schools is 24,153. The number of names on the books is 22,236 and the average attendance 18,981.

THE SCHOOL HEALTH SERVICE IN RELATION TO MAINTAINED PRIMARY AND SECONDARY SCHOOLS.

Medical Inspection.

Number of children inspected.—The total number of children inspected was 7,006. Of these, 3,513 were boys and 3,493 were girls. In addition, 96 children were brought forward for special examinations by head teachers.

The number of entrants to the Junior Departments tested for vision and hearing was 1,439.

FINDINGS AT PERIODIC INSPECTION.

General Condition.

The general condition of the 7,006 pupils inspected in 1952 was classified as follows :—

A (Good)	...	3,452
B (Fair)	...	3,494
C (Poor)	...	60

Heights and Weights.

Age.	Year.	BOYS.			GIRLS.		
		Number examined.	Average Height (inches).	Average Weight (lbs.).	Number examined.	Average Height (inches).	Average Weight (lbs.).
5 years ...	1912	440	40.27	39.42	462	40.16	35.56
	1915	443	40.6	38.9	464	40.5	38.04
	1919	499	40.7	39.4	496	40.3	39.1
	1925	851	41.3	40.4	838	41.0	39.3
	1935	842	41.8	41.6	779	41.7	40.6
	1946	466	42.3	43.0	439	41.8	41.3
	1952	750	43.3	43.8	737	42.9	42.0
8 years ...	1915	775	47.9	51.04	703	47.1	49.6
	1919	975	48.2	53.2	872	47.6	51.8
	1925	810	47.8	53.0	767	47.5	51.5
	1935	949	49.2	56.3	969	48.8	55.4
	1946	406	49.4	56.9	402	48.4	54.4
10 years ...	1947	854	53.5	68.8	768	53.5	67.1
	1952	477	53.5	70.4	510	53.4	68.1
12 years ...	1915	801	54.4	71.2	861	54.8	71.5
	1919	841	53.1	70.2	915	54.8	73.4
	1925	858	54.8	72.3	901	55.7	74.6
	1935	784	56.3	78.2	854	57.3	81.4
	1946	251	56.4	79.7	246	57.7	81.7
14 years ...	1947	425	62.8	104.4	364	62.0	106.3
	1952	770	62.9	107.2	644	62.0	107.7

Consequent upon the raising of the school leaving age from fourteen to fifteen in 1947, the ages for the intermediate and final periodic medical inspections were changed from eight and twelve to ten and fourteen respectively.

Visual Defects and External Eye Disease.

The percentage of children found to have defective vision was 27.5.

In the ten and fourteen year old groups, the percentages of children who were unable to read 6/6, 6/6, were :—

10 year boys.	10 year girls.	14 year boys.	14 year girls.
16.1	24.7	19.5	29.2

In the same age groups, the percentages of children with more serious defects (6/12 or worse in either one or both eyes) were :—

10 year boys.	10 year girls.	14 year boys.	14 year girls.
7.5	8.4	10.0	10.4

The total number referred for refraction was 584.

The number of partially sighted children as judged by the accepted criteria is 11.

Squint.

The number of children in the five year old group found to have a squint, even of the smallest degree, was 51.

External Eye Disease.

The following defects were found in the course of Periodic Medical Inspection :—

Blepharitis	... 33	Conjunctivitis	... 9
Other defects	... 29		

Uncleanliness.

See report on page 45.

Minor Ailments and Diseases of the Skin.

The following skin diseases were recorded at the medical inspections :—

Urticaria...	... 55	Scabies ...	... 4
Dermatitis	... 34	Ichthyosis	... 11
Warts ...	... 9	Furunculosis	... 4
Seborrhoea	... 28	Mole ...	... 6
Eczema ...	... 24	Psoriasis ...	... 18
Acne ...	... 42	Ringworm, Body	9
Naevus ...	... 12	Impetigo	... 9
Verrucae	... 19	Other Diseases	... 35

Nose and Throat Defects.

The number of children referred for treatment for enlarged tonsils and adenoids was 2.6 per cent. of the number examined. The percentage placed under observation was 7.9.

Ear Disease and Defective Hearing.

180 children were noted as suffering from Otorrhoea at periodic medical inspection.

Defective hearing, mostly of a slight character, was found in 74 cases.

Dental Defects.

605 children were found at the periodic medical inspection to have carious teeth.

Orthopaedic and Postural Defects.

The following deformities were noted at the periodic medical inspections :—

Flat Feet	... 181	Spinal Curvature	137
Other Defects		... 334	

Heart Disease and Rheumatism.

2.0 per cent. of all children examined were listed as having heart defects. Few of these were organic, and the vast majority required only observation. The number of children found to be suffering from rheumatism was 20.

Tuberculosis.

Six cases were referred from routine medical inspection to the Chest Physician for advice during the year. In addition, 20 "specials" were referred to the Chest Physician for opinion. 23 school children were notified as suffering from tuberculosis (12 pulmonary and 11 non-pulmonary) during the year.

Vaccination.

812 (11.6 per cent.) of the 7,006 children medically inspected were recorded as having been vaccinated.

FOLLOWING UP.

The arrangements for the following up of children suffering from the various defects continued as outlined in a previous report.

ARRANGEMENTS FOR TREATMENT.

Consultation Clinic, Mill Hill Lane.

1,534 attendances were made at this clinic during the year.

Minor Ailments Clinics.

The total number of children attending these clinics was 5,552, and the number of attendances was 31,684. Of this number, 7,211 examinations (inspections and re-inspections) were made by Medical Officers.

The following is a record of the number of cases and attendances at the minor ailments clinics since 1931 :—

<i>Year.</i>	<i>No. of children attending.</i>			<i>Attendances.</i>
1931	11,470	55,460
1935	19,240	62,436
1938	19,224	63,820
1943	18,342	63,395
1945	16,810	59,750
1948	10,593	47,959
1950	11,323	41,957
1951	8,004	32,986
1952	5,552	31,684

Scabies.

The number of cases of scabies treated during the year was 28, as compared with 27 in 1951, 30 in 1950, 95 in 1949 and 190 in 1948.

Ultra-Violet Ray Clinic, Mill Hill Lane.

Total number of children attended	...	...	191
Total number of attendances	...	...	2,574

In addition, 44 cases referred from the Child Welfare Clinics made 697 attendances.

Ultra-Violet Ray Clinic, Green Street.

Total number of children attended	...	...	66
Total number of attendances	...	...	1,149

In both clinics, the types of cases treated were similar to the lists given in previous reports.

Dental Clinic, Mill Hill Lane.

The Dental Clinic is held every day of the week (morning and afternoon).

Total number of cases attended	...	...	8,819
Total number of attendances	...	...	13,073
Total number of clinics held	...	...	1,749

Aural Clinic, Mill Hill Lane.

The number of children who received operative treatment for tonsils and adenoids during 1952 was 167.

In addition, 23 children received operative treatment for ear conditions, and 10 for other conditions of the nose and throat.

Total number of cases attended	...	...	...	375
Total number of attendances	...	...	...	591

Included in these figures are 17 cases referred from Child Welfare Centres.

Orthopaedic Clinic, Mill Hill Lane.

Total number of cases attended	...	...	...	629
Total number of attendances	...	...	...	967

Included in these figures are 146 cases referred from Child Welfare Centres.

Number of X-ray examinations (at City Hospital)	53
Attendances at Splint Maker	268

Heart and Rheumatism Clinic, Mill Hill Lane.

Number of children attended	...	...	...	27
Number of attendances	...	...	...	38

Includes 2 pre-school children who made 2 attendances.

Ophthalmic Clinic, Mill Hill Lane.

Total number of cases attended	...	...	...	2,243
Total number of attendances	...	...	...	3,350

Orthoptic Clinic.

I am indebted to Miss M. Aston, the Orthoptist in charge of the Department, for the following report :—

Number of cases dealt with during 1952 (including 48 new cases)	178
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CLASSIFICATION.

Under observation, on preliminary treatment, or actual treatment	152
Discharged	...	...	...	...	26
					— 178
Total number of attendances	...	...	...		1,447

During the year 23 cases received operative treatment.

Speech Therapy Clinic.

Report by Miss S. H. North, Speech Therapist.

"1952 has seen great changes in the Speech Therapy Department with the very welcome arrival of Miss Umpleby, who succeeded me as full-time Speech Therapist in September. I am still continuing to work for the School Health Service for four sessions each week, as well as undertaking duties at the Derbyshire Royal Infirmary and with the School Health Service at Burton-on-Trent. This change means that a larger number of children can now receive Speech Therapy in the Borough, a change which has been greatly needed for a long time—thus the waiting list will, we hope, be decreased considerably in the future. But it will be noted that the number on the waiting list at the end of the year is quite large, due to the higher percentage of referrals since September.

"There are now six Speech Therapy Clinics in the town—at Mill Hill Lane, Wyndham Street, Green Street, Roe Farm, Pear Tree and at Rykneld School—the latter was opened in September by Miss Umpleby for two sessions each week to alleviate the heavy waiting list at the Mill Hill Lane Clinic. We are finding that the waiting lists consist of children culled from the schools in the centre of the town, which mean that at some Speech Clinics, particularly at Mill Hill Lane, there are very much longer waiting lists than at the other Clinics. It is felt at times that it is rather unfortunate that schools are zoned to one particular Clinic for Speech Therapy work, especially as the institution of group treatment for stammerers is often out of the question, as there are not enough children of the same age, intelligence and disability level, to form a group at one Clinic alone. If a number of stammerers could be drawn from all the Clinics, probably several satisfactory treatment groups could be started. This would be particularly helpful for the younger stammerers where direct individual treatment is not always advisable, but where the value of the group atmosphere would benefit them considerably.

"The classification for the speech handicaps remains the same—the number of Speech Defectives being practically double the number of the Stammerers. The amount of Cleft Palate cases seen has risen slightly higher than last year's figures.

"It is very encouraging and satisfying to feel that a Speech Therapy Department has been instituted at the Infirmary—we no longer need to feel anxious about the welfare of stammerers, whose treatments need to be continued after the school leaving age. With a good 50% of the cases in the higher age group, the progress of the treatment in the School Clinics produces

good results, but even with these cases it is advisable to continue to see them for observation after leaving school. Of course the other 50% who need continued weekly treatment after leaving school can be transferred to the Infirmary without any difficulty. This also follows for the cleft palate cases where the treatment is often prolonged due to waiting for further operative work to be carried out. Fortunately there are practically no speech defective cases which still need treatment after leaving school, as these children can be helped in the early age groups. The problem of the pre-school child has also been a very disturbing factor, as we felt that our main task was with the child who was actually in school, thus neglecting the pre-school child. But the problems of the under-five age group are also ones of great importance, and specific help, particularly for the parents, can often quell further advancement of the speech difficulties. Advice given before the child is of school age can often be of invaluable help to the Speech Therapist as well as to the child himself. Fortunately, again these cases in the Borough can be dealt with at the Infirmary, and if necessary can be transferred back to the School Health Service if they still require treatment when starting school.

"The long awaited arrival of a Speech Tape Recorder came to an end when it was delivered at the beginning of March. After a few trials it was put into working use by the end of March, when serious recordings were commenced. It has proved very beneficial, and a great morale booster for the patients and their parents. Visitors to the Speech Clinic have also been intrigued with the recordings made, and thus the machine is of great value for demonstration purposes.

"There have been a number of visitors to the Speech Clinic during the year, consisting mainly of students, and they have shown enthusiasm for the work of the Speech Therapist and often ask to pay another visit to gain extra knowledge of the clinical work.

"Very valuable help has been received from various other departments, where cases have been referred for further investigation. We are particularly grateful for the help received from the Child Guidance Clinic.

"One hope for the future is that the Speech Therapy Department may one day have its very own central premises at Mill Hill Lane—the need for brighter accommodation and better furniture will now be an ever increasing necessity. The amount of room available at the moment is adequate enough, but the rather nondescript and uniform appearance of the premises does not always offer the patients, parents and visitors a particularly pleasing picture. The Speech Therapist often feels rather apologetic for the lack of colour and comfort, and hastily adds remarks that the other Speech Clinics in the town

are better. We are likely to be having visiting students from the Leicester Speech Therapy Training School at the Speech Clinics next year, where these prospective Speech Therapists can observe and possibly treat patients under our supervision. This arrangement can best be carried out at the Mill Hill Lane Clinic, so naturally the need for our own premises will become more apparent as our pursuits expand. We feel pleased to be able to help these future Speech Therapists, but would feel more so if we could show them our own rooms, where we could do just as we pleased without any fear of damaging fragile artificial sunlight equipment (this incidentally has to be a constant warning to some of our patients who feel they would like to be boisterous during the treatment times).

"1952 has thus been a turning point for the Speech Clinic, with a number of added clinical sessions each week, which have shown immense value already, even though the change was not really in full working order until October. I would like to convey my very grateful thanks to Miss Umpleby for continuing the work of full-time Speech Therapist so amiably, and for giving me the pleasant task of writing this annual report."

Number of cases on record	...	...	...	...	179	
Number of cases seen and treated	...	...	...	...	179	
Number of Stammerers	...	...	...	...	57	} 179
Number of Speech Defects	...	...	...	...	103	
Number of Cleft Palates	...	...	...	...	17	
Number of Voice Defects (Dysphonia)	...	...	...	...	1	
Number of Voice Defects — Speech Defect	...	...	...	...	1	
Number of cases discharged	...	...	...	...	40	
Cured	...	...	...	...	16	} 40
Very satisfactory progress	...	...	...	...	7	
Practically cured	...	...	...	...	3	
No co-operation	...	...	...	...	1	
Left district	...	...	...	...	2	
Left school and very good progress	...	...	...	...	4	
Left school and good progress	...	...	...	...	1	
Left school and no progress	...	...	...	...	1	
Left school and fair progress	...	...	...	...	3	
Treatment useless (low I.Q.)	...	...	...	...	2	
Number of cases under observation at end of year	...	...	...	...	76	
(attending either monthly or two monthly, etc.)						
Number of County cases	...	...	...	...	2	
Number of cases referred to Specialist Departments	...	...	...	...	19	
Number of male patients	...	...	...	...	116	} 179
Number of female patients	...	...	...	...	63	
Number on waiting list at end of year	...	...	...	...	88	
Number of Clinics held	...	...	...	...	477	
Number of home visits	...	...	...	...	38	
Number of school visits	...	...	...	...	29	
Total number of attendances	...	...	...	...	2,114	

Child Guidance Clinic.

Report by Dr. T. A. Ratcliffe, Psychiatrist.

"Many of the problems which I have described in previous Annual Reports still persist for this Child Guidance Clinic and the shortage of appropriate personnel throughout the country seems to render them as remote and difficult of solution as ever. The Clinic is still without a Psychiatric Social Worker; indeed we now have no Social Worker at all on our Clinic staff. It will be seen from the statistical tables below how relatively great a proportion of the clinical time of all the professional staff is given to interviews with parents. These interviews would normally mainly be the function of the Psychiatric Social Worker. The absence of such a worker from our own Clinic team thus places a very heavy extra load on the other team members, which they can only carry at the expense of their own Clinic tasks. Moreover, and perhaps even more importantly, the absence of the Psychiatric Social Worker's special skills and methods leaves a most serious gap in our treatment facilities which no other member of the team is wholly qualified to fill.

"The small amount of psychiatric time available in this Clinic also presents its own difficulties. Whilst we are able to provide a diagnostic, advisory, and remedial educational service which compares very favourably indeed with other Child Guidance Clinics in the area, we are able to carry out only a part of the intensive treatment programme that is really necessary for an adequate Child Guidance Service of this size. With careful diagnostic selection and the full use of available facilities and special techniques, our standards of curative treatment are kept as high as possible, but, as I have stated previously, there must remain a number of deeply disturbed children who need far more intensive, frequent and prolonged help than we can provide at present.

"During 1952, however, we have had the advantage of Miss Gately as our full-time Remedial Teacher. This was a welcome and most valuable addition to our professional team. Both Miss Broughton and Miss Gately have built up in their own professional fields a very high standard of work for the Clinic; but, in addition, they have carried the day-to-day administration and responsibility of the Clinic and helped over much of the work that would normally fall to the Psychiatric Social Worker.

"It will be noted that considerably more visits to schools by members of the Clinic staff have been paid during this year than in 1951. This has meant much additional work for Miss Broughton and Miss Gately, but I am

particularly glad to be able to report this increased liaison with the schools, since no Child Guidance Clinic can function adequately as a community service unless it builds up this type of liaison with all the other bodies concerned in the total mental health of the child. Similarly we have been able to maintain our close liaison with the School Health Service and with the Children's Officer. The members of the Clinic staff have continued to pay periodic visits with the Children's Officer to the Reception Home of the Children's Department in the Borough. We feel, as I know the Children's Officer herself feels, that this is a most valuable liaison service for us all. The limitation of professional time available still prevents us from building up as close a liaison as I should wish with all the other organisations and departments concerned.

"It will be noticed that the number of new cases referred during the year was rather lower than the corresponding figure for 1951. The main significance of this has been that we have been able to devote rather more time to treatment of urgent cases and to reduce somewhat the inevitable period of delay between the time of referral of a case and the completion of our diagnostic investigations. It is interesting to note that there has in particular been a reduction of the number of cases referred as purely educational problems and an increase in those referred for nervous or emotional difficulties. This suggests that more children with serious emotional disturbances are being referred to the Clinic. This must inevitably result in even greater needs for treatment than previously, but I feel sure that in seeing more of the seriously disturbed children we are fulfilling more adequately the complete function of the Child Guidance Service. This does not in any way minimise the importance of helping over educational or behaviour problems, but it is generally accepted that a clinic which concentrates on these problems only is not fulfilling its total intended purpose.

Statistical Tables.

“(NOTE : The figures in these Tables refer only to the actual work done in the Child Guidance Clinic during 1952. Since there is always a considerable carry-over of case material under treatment and survey from one year to the next, it is inevitable that the totals given in the various Tables cannot tally with each other).”

TABLE 1. *Interviews carried out by Psychiatrist.*

New cases	...	...	...	...	...	...	...	64
Intensive treatment	...	...	...	...	...	...	...	64
Surveys	...	...	...	...	...	...	...	61
Parents	...	...	...	...	...	...	...	141
Others (e.g., Foster Parents, Probation Officers, etc.)	...	...	...	...	...	...	...	12
Visits to Eastmead	...	...	...	...	...	...	...	4
Mothers' Treatment Group (sessions)	...	...	...	...	...	...	...	4

TABLE 2. *Interviews by Educational Psychologist.*

Intelligence testing	...	...	...	...	...	...	...	84
Home visits	...	...	...	...	...	...	...	188
School visits	...	...	...	...	...	...	...	164
Treatment	...	...	...	...	...	...	...	73
Parents and others	...	...	...	...	...	...	...	249

(Visits to the Clinic were made during the year by Dr. Llewellyn, Ministry of Education Inspector ; Dr. Esher, Regional Psychiatrist ; Social Science Students from Nottingham University (6) ; National Nursery Certificate Students (20).

The Psychologist has also addressed P.T.A., School Clubs, Boulton Infants' School Mothers' Club and the Derby Soroptimist Club).

TABLE 3. *Interviews by Remedial Teacher.*

Remedial teaching	...	...	...	...	...	...	...	669
Home visits	...	...	...	...	...	...	...	349
Parents	...	...	...	...	...	...	...	76
School visits	...	...	...	...	...	...	...	14
Others	...	...	...	...	...	...	...	97

TABLE 4. *Interviews by Social Worker.*

No Social Worker available.

TABLE 5. *Recommendations made.*

New cases referred to the Clinic during 1952	...	...	83
New cases remaining 31st December where full diagnostic interviews are still incomplete	...	...	18
Cases closed, including those referred for initial diagnosis and report only	...	...	87
Recommended for :—Intensive treatment	...	...	22
Survey/treatment	...	...	26
Remedial teaching	...	...	10
Residential care	...	...	5
E.S.N. Special School	...	...	5
Other disposals	...	...	8
No specific recommendation or action advised	...	...	11

TABLE 6. *Sources of referral.*

Director of Education	...	...	...	...	...	5
School Medical Service	...	...	...	...	...	19
Schools	...	...	...	...	...	22
Parents	...	...	...	...	...	9
Juvenile Courts and Probation Officers	...	...	...	...	...	5
Speech Therapist	...	...	...	...	...	3
Children's Officer	...	...	...	...	...	5
St. Christopher's	...	...	...	...	...	2
General Practitioners	...	...	...	...	...	9
Hospitals	...	...	...	...	...	4

TABLE 7. *Distribution of schools.*

Pre-school	...	...	...	...	...	...	5
Infants	...	...	...	...	...	...	13
Junior	...	...	...	...	...	...	37
Secondary Modern	...	...	...	...	...	...	24
Grammar	...	...	...	...	...	...	3
Not at school	...	...	...	...	...	...	1

TABLE 8. *Reasons for referral.*

(NOTE : The large variety of individual reasons are here grouped for convenience into four arbitrary and overlapping categories).

Educational problems	...	...	...	...	...	13
Behaviour problems	...	...	...	...	...	29
Emotional (nervous problems)	...	...	...	...	...	34
Other reasons	...	...	...	...	...	7

TABLE 9. *State of cases at time of closure.*

(a) Cases which have completed any necessary treatment—							
Much improved	...	...	...	...	...	...	13
Improved	...	...	...	...	...	...	44
No change	...	...	...	...	...	...	8
(b) Cases closed for other reasons.—These include children who have left school or the area before treatment was completed, cases closed because of lack of co-operation, and those in which only an initial diagnosis and recommendation was made							
	...	...	...	...	...	...	22

PROVISION OF MEALS.

The number of children on the Free Meal List is 466.

CO-OPERATION OF PARENTS.

The number of parents who attended with their children for routine medical inspection was as follows :—

<i>Number.</i>	<i>Total Percentage.</i>	<i>Percentage in Infant Group.</i>
3,838	54.8%	86.9%

Educationally Subnormal.

Notified under Section 57 (3), Education Act, 1944	...	11
Notified under Section 57 (4), Education Act, 1944	...	Nil.
Notified under Section 57 (5), Education Act, 1944	...	18

Temple House Special School for Educationally Subnormal Pupils.

During 1952, 55 children were referred for examination regarding their admission to the School. Of these, 26 were certified as capable of receiving benefit from instruction in the Special School. The remaining 29 children after examination, were retained in the elementary school.

35 children were admitted to the Special School during the year (this figure includes fifteen children referred for examination in 1951). 6 children referred for examination in 1952 were admitted early in 1953.

PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS OR BOARDING IN BOARDING HOMES :—

63

	Blind.	Partially Sighted.	Deaf.	Partially Deaf.	Delicate.	Physically Handicapped.	Educationally Sub-normal.	Maladjusted.	Epileptic.	Total.
In the calendar year :—										
A. Handicapped Pupils newly placed in Special Schools or Homes ...	—	1	2	—	54	—	35	—	—	92
B. Handicapped Pupils newly ascertained as requiring education at Special Schools or boarding in Homes ...	—	1	—	10	22	8	32	1	1	75
On or about December 1st, 1952.										
C. Number of Handicapped Pupils—										
(i) attending Special Schools as :—										
Day Pupils ...	—	10	—	—	29	—	110	—	—	149
Boarding Pupils ...	2	1	18	—	53	1	4	1	2	82
(ii) attending Independent Schools (under arrangements made by the Authority)...	—	—	—	—	—	1	—	1	—	2
(iii) Boarded in Homes...	—	—	—	—	—	—	—	—	—	—
Total (C) ...	2	11	18	—	82	2	114	2	2	233
D. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944—										
(a) in hospitals ...	—	—	—	—	1	2	—	—	—	3
(b) elsewhere ...	—	—	—	—	—	4	—	—	—	4
E. Number of Handicapped Pupils requiring places in Special Schools ...	1	—	2	22	126	109	3	1	12	276

The following is a report by Miss M. Hayton, Dip. Psych., Headmistress.

"In January, 1952, Mrs. Flanders joined the staff as assistant mistress in place of Miss Gateley, and Mr. C. Godrich was appointed as additional assistant master. There are now six classes in the school with chronological ages from 7—16. As far as possible the children receive individual attention in the basic subjects of reading, writing and arithmetic, but much stress is also laid upon the social training, as this social development is of the utmost importance if the E.S.N. child is to take his place as a useful member of the community on leaving school. So the children are encouraged to work together and to compete in work and games.

"In the summer term the boys played two cricket matches against the boys from the Deaf Institute. They lost one match and won one match. The team was entertained to tea by the kindness of Mr. Whitaker, Principal of the Deaf Institute, and had a very good time.

"Both boys and girls go to the swimming baths and a number of children received 1st and 2nd class learners' certificates. We had a sports day in the summer term and the children took part in both individual and team races. The older girls provided lemonade and cakes—made by them under the supervision of Miss Preston in the domestic science room. Gardening and woodwork occupy a considerable portion of the boys' time.

"In the Christmas term the children gave a carol concert "for the staff" and worked very hard to make this a success. We held two parties, one for the older boys and girls and one for the younger children. Again the older girls made cakes and jellies, and the boys helped in the decorations of hall and classroom. The younger children had a Christmas tree and small presents and the older ones competitive games and prizes.

"We are still handicapped by lack of good cloakroom and washing facilities, especially as we have both boys and girls up to 16 years."

Class for the Partially Sighted.

Report by Miss M. I. Copley, teacher in charge.

"One pupil has left and one been admitted during the year, so there are still eleven pupils in the class. Attendance has been consistently good, usually above 90%.

"In February an exhibition of written work, handicraft and equipment was held for the Association for the Welfare of the Partially-sighted and aroused much interest.

"During the year, the class has been visited by Dr. Llewellyn from the Ministry of Education, a member of the Welfare Committee for South Africa and a teacher from New Zealand.

"Last August an outing to Darley Dale was organised for blind and partially-sighted children in Derby and Derbyshire. Our children were taken in two of the civic cars. Educationally and socially this experiment was a success.

"On the first Saturday in October, they met a partially-sighted class from Sheffield at Bakewell and went on together to Lathkill Dale. This annual event has grown out of the scheme for written English being based on real correspondence. Letters are exchanged with partially-sighted children in Calgary, Canada; Sheffield and Leicester, and with a former pupil of this class living in Johannesburg.

"The scope of work in English has been widened considerably by the gift of copies of the New Zealand *School Journal*. In bold solid type ranging from 18 to 24 point, these books present in four grades a wide range of high standard literature covering traditional and modern stories, plays, poetry, crossword puzzles and information on topical subjects.

"An invaluable addition to the equipment, is the recently acquired Remington Bulletin typewriter producing copy in solid 24 point type with clear letter spacing. This has facilitated an arithmetic scheme adapted to individual needs and made possible the compiling of children's hymn books.

"The head librarian has supplied this class with a number of library books in the best type obtainable, on the same terms as the regular school service.

“A recent survey of the employment of former pupils shows the following facts :—

Counter assistants—stationery shop	...	...	...	2
,, ,, chemist's shop	...	...	...	1
Laboratory assistant	...	...	...	1
Worker in an underwear factory	...	...	...	1
Painter and decorator	...	...	...	1
Brewery bottle-corker	...	...	...	1
Qualified butcher	...	...	...	1
Lift attendant	...	...	...	1
Farmer's wife	...	...	...	1
Coal delivery man (non-driving)	...	...	...	1
Gardeners	...	...	...	3
Qualified moulder—Crown Derby Porcelain Co.	...	...	...	1
Store-keeper's assistant	...	...	...	1
Moulder—castings	...	...	...	1
Apprentice—light engineering	...	...	...	1
,, plumbing	...	...	...	1

As far as can be ascertained, only one former pupil is unemployable.

“One former pupil, a congenital cataract case, took up the study of pianoforte music at the age of eighteen and in three years obtained a pass with honours in the Royal College of Music Elementary Examination, gaining 87%.”

Ashe Hall Special School for Delicate Pupils.

Miss M. E. Curtis, Headmistress, reports as follows :—

“The School has now been open for almost two years. The number on the roll is 82, of which number, 53 are resident.

“The non-resident children are conveyed here by bus which makes a comprehensive tour of Derby, arriving a little after 9.15 a.m. As the residents have then already begun school, we hold our daily assembly at the beginning of afternoon school, enabling all children to be present. On arrival, non-resident children receive a preparation containing cod liver oil and iron, and minor treatments, and are able to have a hot wash. They have two bottles of milk per day.

"The mornings are devoted to the 'three R's'. After a good midday meal all the children rest for one hour. During the afternoon there are classes in gardening, woodwork, needlework, art, music and dancing. The day children's bus leaves at 4.0 p.m., when the residents wash ready for high tea. This is followed by free play in the park, T.V., films, tennis and clubs, such as 'Young Farmers'. This group under the leadership of the Deputy Head has won the Derbyshire Young Farmer's Junior Public Speaking Cup, and the 1st prize for a collection of grasses at the County Show.

"Adolescents who are town-bred need plenty to occupy their minds. Various amenities have been introduced this year—a tent, a pony and cart, a tennis court, a clock golf course, a sand pit and a chute. Eventually we hope to get an old boat on the stream and a hygienic paddling pool.

"We find it useful to point each term with high lights:—Visiting days, birthday parties, concerts, garden fetes, Christmas treats, cricket matches with Etwall, and a summer outing to Wickstead Park.

"The food, always good, is enhanced this year with fruit and vegetables grown on the estate. This, together with fresh air and plentiful sleep, continues to do its work. Merely eating and sleeping however are not sufficient. In order to thrive, a child seems to need mental and physical stimulus. We have increased the hours of formal instruction with success, and we find children able to enjoy an astonishing variety of P.T. and some even learn swimming. During P.T. the chesty children do their breathing exercises and some go to Nurse for postural drainage. Children have the advantage of being under the trained observation of Nurse who is able to make a record of symptoms which is invaluable to our doctors.

"Added to our usual quota of chests and malnutritions we have this year a number of chronic skin conditions. We feel that such children's troubles may be approached from the mental and emotional angle. In one case, which combined enuresis, the latter trouble has much diminished—and the child has put on a pound a month in weight. One child with coeliac disease, who was eleven years old and 3 ft. 11 ins. in height at entry, has gained one inch and 9 lbs. in 15 months.

"The day attendance has a special value. The children eat and put on weight splendidly. From among them Dr. Morrison is able to select specially fragile ones for residence when a vacancy occurs. Even more resident places could be filled, especially for boys.

"We are pleased that so much good is being done—but are well aware how much our work owes to the officials who are behind us."

Full-time Courses of Higher Education for Blind, Deaf, Defective and Epileptic Students.

There are no centres for Higher Education or Vocational Training in Derby. Suitable cases requiring such training are sent to recognised institutions elsewhere.

TEACHING IN HOSPITALS.

The following report has been received from Miss M. Turner, who is in the service of the Local Education Authority, and who undertakes the teaching of children of school age in the local hospitals:—

“During the year, 97 Borough school children have received tuition in hospitals as follows:—

	<i>City Hospital.</i>	<i>Children's Hospital.</i>	<i>Draycott. Hospital.</i>	<i>Derwent Hospital.</i>
Number of children... ..	46	40	2	9
Average period of tuition ...	3.4 wks.	3.3 wks.	12 wks.	9.9 wks.
Average age	7 yrs. 9 mths.	8 yrs. 10 mths.	12 yrs.	8 yrs. 7 mths.
Age range	5—16 yrs.	5—14 yrs.	10—14 yrs.	5—15 yrs.
Period range	1—14 wks.	1—10 wks.	2—22 wks.	4—12 wks.

“In addition to individual lessons in English, reading, arithmetic and French, group lessons are given wherever possible in history, geography, Nature study, art and handwork.”

EMPLOYMENT OF SCHOOL CHILDREN.

During the year, 316 children were examined as to their fitness to undertake employment. Three were certified unfit.

THE WORK OF THE SCHOOL NURSES.

Six nurses are engaged on the work of the School Health Services. In addition, four nurses are employed on half-time Health and half-time School Health Services.

Home visits	1,530
School visits	126

Visits to Nursery Schools.

Number of visits paid	322
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Clinics.

Sessions.

Minor Ailments, Specialist Clinics and Ultra Violet						
Ray Clinics	2,291

VERMINOUS CONDITIONS.

Routine Inspections of all children for the ascertainment of uncleanness are carried out in schools twice a year by the Authority's Cleansing Attendants. In addition, frequent visits to schools for re-inspection of children listed as infested at previous inspections are made. All children who are found to be infested with lice or who appear to be seriously infested with nits, and those showing fewer nits but appearing to be neglected, are listed for cleansing. The parents of those children who require cleansing are immediately served with a notice requiring them to present the children at the cleansing centre. Children found at subsequent inspections to be re-infested are again required to attend for cleansing, and the parents are warned that, in the event of a recurrence, court proceedings will be instituted. Proceedings were taken in 67 such cases in 1952. Parents of those children who are slightly infested receive a notice notifying them of the condition of the child's head and instructions with regard to cleansing. These children are then kept under periodic review until found to be clean.

Number of individual children cleansed	...	...	378
Number of sessions devoted to School Inspections	...		643

CHILDREN'S COMMITTEE WORK.

Special examinations of children committed to the care of the Local Authority are carried out by the medical staff of the School Health Service, and routine visits to the various Children's Homes are made monthly, and to the two Remand Homes once a week.

The following examinations were carried out during the year :—

Initial and routine examinations of Boarded-out children	114
Children for adoption	5
Examinations carried out at Children's Homes ...	27
Children for Approved Schools or Remand Homes (including examinations carried out at Remand Homes)	327
Other Examinations	2

MISCELLANEOUS WORK.

Medical examinations were also made as follows :—

Teachers	...	...	...	...	...	...	38
Before proceeding to Skegness Seaside Home	...	...	...	...	...	...	423
Before taking part in entertainments	...	...	...	...	...	...	12
Before taking part in School Journeys	...	...	...	...	...	...	212
Before proceeding to School Camps	...	...	...	...	...	...	503
Before admission or return to Institutions, Boarding	...	...	...	...	...	...
School, etc.	...	...	...	...	...	...	5
Intending Teachers	...	...	...	...	...	...	45

MASS RADIOGRAPHY OF SCHOOL CHILDREN.

Report by Dr. W. Guthrie, Director of Nottingham Area No. 2 Mass Radiography Unit, on the Mass Radiography Survey of school children, July, 1952.

Miniature Films.

	<i>Number X-rayed.</i>			<i>Number available.</i>			<i>% X-rayed.</i>		
	<i>M.</i>	<i>F.</i>	<i>Total.</i>	<i>M.</i>	<i>F.</i>	<i>Total.</i>	<i>M.</i>	<i>F.</i>	<i>Total.</i>
Over 14 years ...	1,432 (545)	1,219 (283)	2,651 (828)	1,800	1,450	3,250	79 (38)	84 (23)	81 (31)
Under 14 years...	70	35	105						
Total ...	1,502	1,254	2,756						

The figures in brackets show the numbers and percentages of children who were also X-rayed in 1951.

“The response on the part of the school children was over 80% this time, which was an improvement on last year and it is more like the response we get from school children elsewhere. Over 30% of these children were X-rayed on our last visit. No active case of pulmonary tuberculosis was discovered among the school children, but there were two observation cases. One of these observation cases was X-rayed last year when the film was found to be normal.”

APPENDIX.

**TABLE I.—MEDICAL INSPECTION OF PUPILS ATTENDING
MAINTAINED PRIMARY AND SECONDARY SCHOOLS.
(INCLUDING SPECIAL SCHOOLS).**

A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the Prescribed Groups—

Entrants	...	...	...	...	...	...	2,208
Second Age Group	...	...	...	...	...	...	2,165
Third Age Group	...	...	...	...	...	...	2,092
Total							6,465
Number of other Periodic Inspections							541
Grand Total							7,006

B.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	...	...	3,776
Number of Re-Inspections	...	...	...	...	...	11,722
Total						15,498

C.—PUPILS FOUND TO REQUIRE TREATMENT.

NUMBER OF INDIVIDUAL PUPILS FOUND AT PERIODIC MEDICAL INSPECTION
TO REQUIRE TREATMENT

(excluding Dental Diseases and Infestation with Vermin).

Group.	For defective vision (excluding squint).	For any of the other conditions recorded in Table IIA.	Total individual pupils.
Entrants	16	427	439
Second Age Group	285	337	576
Third Age Group	299	246	508
Total (prescribed groups)	600	1,010	1,523
Other Periodic Inspections...	—	103	103
GRAND TOTAL	600	1,113	1,626

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN
THE YEAR ENDED 31ST DECEMBER, 1952.

Defect or Disease.	PERIODIC INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of defects.		No. of defects.	
	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.
Skin	174	145	3,009	148
Eyes— <i>a.</i> Vision	600	172	1,227	502
<i>b.</i> Squint	151	28	331	105
<i>c.</i> Other	32	39	965	58
Ears— <i>a.</i> Hearing... ..	52	22	145	64
<i>b.</i> Otitis Media	43	137	181	117
<i>c.</i> Other	9	71	239	72
Nose or Throat	216	678	677	964
Speech	28	87	154	137
Cervical Glands	6	257	28	289
Heart and Circulation	16	133	35	195
Lungs	100	254	199	515
Developmental—				
<i>a.</i> Hernia	5	48	31	42
<i>b.</i> Other	14	43	18	70
Orthopædic—				
<i>a.</i> Posture	61	76	57	141
<i>b.</i> Flat foot	88	93	188	161
<i>c.</i> Other	105	229	314	425
Nervous system—				
<i>a.</i> Epilepsy	11	5	28	15
<i>b.</i> Other	4	33	25	124
Psychological—				
<i>a.</i> Development	1	25	3	101
<i>b.</i> Stability	12	27	65	74
Other	219	495	8,223	1,611

**B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS
INSPECTED DURING THE YEAR IN THE AGE GROUPS.**

Age Groups.	Number of Pupils Inspected.	A. (Good).		B. (Fair).		C. (Poor).	
		No.	%	No.	%	No.	%
Entrants	2,208	961	43.52	1,220	55.26	27	1.22
Second Age Group	2,165	1,152	53.21	996	46.00	17	0.79
Third Age Group	2,092	1,139	54.45	943	45.07	10	0.48
Other Periodic Inspections ...	541	200	36.97	335	61.92	6	1.11
TOTAL	7,006	3,452	49.27	3,494	49.87	60	0.86

**TABLE III.
INFESTATION WITH VERMIN.**

(i) Total number of examinations in the schools by the school nurses or other authorised persons	64,334
(ii) Total number of <i>individual</i> pupils found to be infested ...	920
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	378
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	378

**TABLE IV.
TREATMENT TABLES.**

GROUP I.—DISEASES OF THE SKIN (excluding Uncleanliness, for which see Table III).

	Number of Cases treated, or under treatment during the year.	
	By the Authority	Otherwise
Ringworm—		
(i) Scalp	—	2
(ii) Body	24	4
Scabies	28	2
Impetigo	288	28
Other skin diseases	2,377	314
TOTAL	2,717	350

GROUP II.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases dealt with	
	By the Authority.	Otherwise.
External and other, excluding errors of refraction and squint	873	97
Errors of refraction (including squint) ...	718	1,031
Total	1,591	1,128
Number of pupils for whom spectacles were		
(a) Prescribed	635	956
(b) Obtained... ..	604	858

GROUP III.—DISEASES AND DEFECTS OF EAR, NOSE and THROAT.

	Number of cases treated	
	By the Authority.	Otherwise.
Received operative treatment		
(a) For diseases of the ear	—	23
(b) For adenoids and chronic tonsillitis...	—	167
(c) For other nose and throat conditions...	—	10
Received other forms of treatment	317	379
Total	317	579

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

(a) Number treated as in-patients in hospitals...	48	
	By the Authority.	Otherwise.
(b) Number treated otherwise, <i>e.g.</i> , in clinics or out-patient departments	—	514

GROUP V.—CHILD GUIDANCE TREATMENT.

	Number of cases treated	
	In the Authority's Child Guidance Clinics.	Elsewhere.
Number of pupils treated at Child Guidance Clinics	194	—

GROUP VI.—SPEECH THERAPY.

	Number of cases treated	
	By the Authority.	Otherwise.
Number of pupils treated by Speech Therapists	179	—

GROUP VII.—OTHER TREATMENT GIVEN.

	Number of cases treated	
	By the Authority.	Otherwise.
Miscellaneous minor ailments	6,286	430
Ultra-violet Rays	203	—
Orthoptic	—	178 (includes 23 cases who received operative treatment)
Total	6,489	608

TABLE V.

DENTAL INSPECTION AND TREATMENT.

(1)	Number of Pupils inspected by the Authority's Dental Officers—						
(a)	Periodic age groups	...	...	...	...	...	19,379
(b)	Specials	...	...	...	...	...	38
(c)	TOTAL (Periodic and Specials)						19,417
(2)	Number found to require treatment						13,288
(3)	Number referred for treatment						11,348
(4)	Number actually treated						8,819
(5)	Attendances made by Pupils for treatment						13,073
(6)	Half-days devoted to :		Inspection	...	...	...	144
			Treatment	...	...	...	1,749
	Total (6)						1,893
(7)	Fillings :		Permanent Teeth	...	...	...	7,201
			Temporary Teeth	...	...	...	5
	Total (7)						7,206
(8)	Number of teeth filled :		Permanent Teeth	...	...	...	5,798
			Temporary Teeth	...	...	...	5
	TOTAL (8)						5,801
(9)	Extractions :		Permanent Teeth	...	...	...	1,792
			Temporary Teeth	...	...	...	9,915
	Total (9)						11,707
(10)	Administration of general anæsthetics for extraction						6,875
(11)	Other Operations :		Permanent Teeth	...	...	...	1,216
			Temporary Teeth	...	...	...	2
	Total (11)						1,218

V—PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

Vaccination during 1952.

Age at Date of Vaccination...	Under 1 year.		1 year.		2—4 years.		5—14 years.		15 years or over.		Total.	
	Dept	G.P's	Dept	G.P's	Dept	G.P's	Dept	G.P's	Dept	G.P's	Dept	G.P's
PRIMARY VACCINATIONS.												
<i>Result of Inspection.</i>												
Typical Primary Vaccinia— Seventh—Tenth Day ...	229	78	16	16	8	11	4	20	1	100	258	225
Accelerated (Vaccinoid) Re- action—												
Fifth—Seventh Day ...	—	—	—	—	—	—	—	1	—	2	—	3
Maximum Local Reaction— Second—Third Day ...	—	—	—	—	—	—	—	2	—	4	—	6
No Local Reaction ...	4	1	—	1	—	—	—	1	—	3	4	6
TOTALS ...	233	79	16	17	8	11	4	24	1	109	262	240
RE-VACCINATIONS.												
<i>Result of Inspection.</i>												
Typical Primary Vaccinia— Seventh—Tenth Day ...	—	1	—	1	—	3	—	3	—	56	—	64
Accelerated (Vaccinoid) Re- action—												
Fifth—Seventh Day ...	—	—	—	—	1	2	—	4	1	59	2	65
Maximum Local Reaction— Second—Third Day ...	—	—	—	—	—	—	1	3	1	31	2	34
No Local Reaction ...	—	—	—	—	—	—	—	1	—	5	—	6
TOTALS ...	—	1	—	1	1	5	1	11	2	151	4	169

The vaccination state of Derby remains unsatisfactory, although the number of young children vaccinated shows an improvement on the previous year. 364 children under the age of 5 years were vaccinated during the year, compared with 335 in the previous year. It will be seen from the above table that nearly three-quarters of all infant vaccinations were done by Medical Officers of the Health Department.

The percentage of infants under the age of one year who were vaccinated increased from 12.8 in 1951, to 14.7 in 1952.

Cases of Infectious Disease Notified during 1952

NOTIFIABLE DISEASE.	CASES NOTIFIED IN WHOLE DISTRICT.													TOTAL CASES NOTIFIED IN EACH WARD.											Non-Residents.	Total Cases removed to Isolation Hospital.						
	At Ages—Years.													Abbey.	Alveston.	Arboretum.	Babington.	Becket.	Bridge.	Castle.	Dale.	Derwent.	Friar Gate.	King's Mead.			Litchurch.	Normanton.	Osmaston.	Pear Tree.	Rowditch.	
	At all ages	Under 1.	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-25	25-35	35-45	45-65																			65 and upwards.
Scarlet fever ...	258	1	2	12	19	34	150	26	5	2	4	3	...	9	46	35	6	5	4	...	15	33	12	12	14	22	19	16	5	1	77	
Whooping Cough ...	576	66	68	72	72	96	192	5	1	...	2	2	...	12	33	42	22	19	30	25	13	75	35	45	44	27	107	32	14	1	32	
Diphtheria (including Membranous Croup)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles ...	1860	57	175	201	246	321	837	10	5	3	3	2	...	126	112	78	86	134	111	60	85	249	257	131	55	102	106	38	129	1	72	
Acute Pneumonia	99	2	1	2	...	1	11	...	1	2	14	16	35	14	6	15	5	3	2	2	1	4	9	3	6	10	9	8	5	...	7	
Meningococcal Infection	9	2	3	2	...	1	1	...	...	...	...	...	...	1	1	...	...	...	1	...	1	1	...	2	...	1	...	...	...	1	5
Acute Poliomyelitis—Paralytic...	4	...	1	...	...	...	1	1	...	...	1	...	...	...	...	...	...	...	...	...	...	3	1	...	...	...	...	...	...	...	3
Non-paralytic Acute Encephalitis—Infective ...	1	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Post-infectious Dysentery ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ophthalmia Neonatorum...	10	1	4	1	1	...	...	1	2	...	...	...	...	...	2	...	...	2	1	...	1	...	1	1	2	...	...	...	...	...	11
Puerperal Pyrexia	13	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	1	...	1	...	...	...	...	3	2	1	...	1	...	...
Smallpox ...	77	...	...	...	...	...	...	...	4	19	37	17	...	5	3	1	3	1	1	2	1	...	6	1	1	3	6	3	2	38	2
Para-typhoid Fevers
Typhoid Fever
Erysipelas ...	25	1	...	...	...	...	...	1	...	2	3	11	7	2	2	...	2	2	1	1	2	...	2	1	1	1	1	2	3	...	15
Malaria
*Rubella ...	114	2	2	5	6	15	60	16	6	1	...	1	...	21	9	4	6	7	6	3	3	7	5	6	7	3	8	4	15	...	15	
*Chicken Pox ...	251	5	5	7	7	40	180	5	...	...	1	1	...	110	6	2	1	7	...	1	3	15	1	6	7	2	5	5	79	1	12
Respiratory Tuberculosis...	158	...	1	6	2	2	9	2	20	24	26	20	37	9	5	7	4	19	15	7	10	4	13	8	15	15	12	6	12	...	122	
Non-Respiratory Tuberculosis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Food Poisoning ...	17	...	...	...	...	...	8	1	1	2	1	...	2	1	...	3	...	1	...	...	1	3	1	1	...	3	...	2	1	...	4
Totals	3475	151	264	308	354	512	1449	68	45	53	91	65	85	30	300	237	175	148	196	164	108	133	415	330	229	159	274	116	266	45	380	

* Not compulsorily notifiable.

COMMUNICABLE DISEASES.

Pneumonia.

The incidence followed the pattern of previous years. 92 cases of Primary Lobar Pneumonia were notified and two of these cases, in elderly people, proved fatal.

Influenza and Influenzal Pneumonia.

Derby was relatively free from Influenza during the year and only seven cases of Influenzal Pneumonia came to the notice of the Health Department. All the cases made complete recoveries.

Home Nursing.

Trained nursing assistance, for cases of notified Pneumonia, was provided in 18 instances. For certain other cases the Works Welfare Nurses were in attendance.

Scarlet Fever.

The incidence of this disease was somewhat higher than expected and 258 cases were notified. The majority were mild and most of the 77 cases removed to hospital were from homes with unsuitable isolation accommodation.

Erysipelas.

25 cases were notified during the year.

Diphtheria.

For the fifth year in succession, no cases of Diphtheria have occurred in the Borough.

Diphtheria Prophylaxis.

As in previous years, clinics have been held at the Central Office, Child Welfare Centres, Day Nurseries, and all Nursery, Primary, and Junior Schools

Number of Sessions	349
First attendance of cases	1,665
Total number of attendances	5,569
Average attendance per session	15.9

The number of children under 5 years of age completing a full primary course of injections was 1,145. The number of children aged 5 to 14 years who completed a full primary course was 472. In addition, 1,509 children received single reinforcing doses to boost their immunity.

In addition to the above, 297 children under the age of 5 years, and 15 between the ages of 5 and 14 years, have been completely immunised by private practitioners, and 51 have been given reinforcing doses, all under the National Health Service Act, 1946.

Propaganda for Diphtheria Immunisation has been continued on the same lines as in previous years—advice by health visitors and medical officers—Birthday Reminder Cards, and circular letters distributed in schools.

At the end of the year the position with regard to the immunisation of Borough children under the Corporation scheme was:—

<i>Age.</i>	<i>Under 1 year.</i>	<i>1 year.</i>	<i>2 years.</i>	<i>3 years.</i>	<i>4 years.</i>	<i>Total under 5 years.</i>	<i>5-15 years.</i>	<i>Total under 15 years.</i>
Number Immunised ...	29	1,016	1,162	1,351	1,669	5,227	17,787	23,014

<i>Age.</i>	<i>Under 5 years.</i>	<i>5-15 years.</i>	<i>Total under 15 years.</i>
Estimated Mid-year Population, 1952	11,100	19,100	30,200
Percentage Immunised, 1952... ..	47.09	93.12	
Percentage Immunised, 1951... ..	47.74	91.16	

Measles.

The expected measles epidemic started in October, 1952, and reached its peak at the end of the year. 1,860 cases were notified, of which 72 were removed to hospital. Two cases proved fatal. All cases of measles are visited, at least once, by a health visitor. Advice is given on nursing, isolation, and other matters.

Whooping Cough.

576 cases were notified. Whooping cough injection is offered, and advised, at all the immunisation sessions. An increasing number of parents are having their babies protected, and it is not unreasonable to hope that in a few years whooping cough will no longer be a serious disease of childhood. All babies in the Day Nurseries are protected, unless the parents object, and it is gratifying to report that three unprotected nursery infants who developed the disease failed to infect any of the protected infants.

Meningococcal Meningitis.

Nine cases were notified during the year. One case, a baby of eight months, proved fatal.

Acute Poliomyelitis.

Five cases occurred, all of them during the second half of the year.

Acute Encephalitis.

No cases of Infective Encephalitis were notified during the year.

Enteric Fever.

No cases of Typhoid or Para-typhoid Fever were notified during the year.

Dysentery.

Ten cases were notified during the year, one of which was later cancelled. All cases were of the Sonn  type. This figure compares very favourably with previous years and there were no outbreaks in any institution. The cases were scattered throughout the town and all were visited by a health visitor.

Food Poisoning.

Only 3 cases were notified during the year.

Gastro-enteritis.

It is very pleasing to be able to report that no babies died from this disease during the year.

Malaria.

No cases were notified during the year.

Ophthalmia Neonatorum.

Cases notified 13

Seven of the cases were males and six females.

<i>Cases.</i>			<i>Vision unimpaired.</i>	<i>Vision impaired.</i>	<i>Total Blindness.</i>	<i>Deaths.</i>
<i>Notified.</i>	<i>Treated.</i>					
	<i>At Home.</i>	<i>In Borough Hospitals.</i>				
13	4	†9	13	—	—	—

†—In-patients of Derby City Hospital (5) ; Nightingale Maternity Home (4).
The number of cases notified was thirty-five less than in 1951.

DERWENT AND DRAYCOTT HOSPITALS.

Detailed Analysis of Admissions and Discharges during 1952 (Borough only).

<i>Disease.</i>	<i>Remaining 31 /12 /51.</i>	<i>Admitted.</i>	<i>Discharged.</i>	<i>Dead.</i>	<i>Remaining 31 /12 /52.</i>
Scarlet Fever... ..	8	77	80	—	5
Whooping Cough	—	32	32	—	—
Measles	—	72	44	—	28
Pneumonia	—	7	7	—	—
Cerebro-Spinal Fever	—	5	4	1	—
Acute Poliomyelitis— Paralytic	1	3	3	—	1
Non-Paralytic	—	—	—	—	—
Dysentery	—	11	8	—	3
Puerperal Pyrexia	—	2	2	—	—
Erysipelas	—	15	13	—	2
Rubella	—	15	15	—	—
Chicken-Pox	2	12	14	—	—
Food Poisoning	—	3	3	—	—
Mumps	4	6	10	—	—
Measles Contact	—	1	1	—	—
Mumps Contact	—	1	1	—	—
Non-Membranous Group	—	1	1	—	—
Quinsy	—	2	2	—	—
Tonsillitis	—	5	5	—	—
T.B. Meningitis	—	2	2	—	—
Gastro-Enteritis	1	41	38	—	4
Enteritis	—	2	2	—	—
Bronchitis	—	6	5	1	—
Acute Rheumatism	—	1	1	—	—
Celiulitis	—	8	8	—	—
Glandular Fever	—	8	8	—	—
Arthrax	—	1	1	—	—
Impetigo	—	2	2	—	—
Erythema Nodosum... ..	—	1	1	—	—
Erythema Multiforme	—	1	1	—	—
Nasal Catarrh	—	1	1	—	—
Mumps Meningitis	—	1	1	—	—
Influenzal Meningitis	—	1	1	—	—
Acute Lymphocytic Meningitis	—	1	1	—	—
Meningismus	—	1	1	—	—
Cerebral Tumour	—	1	1	—	—
Hæmoptysis	—	1	1	—	—
Various	—	12	12	—	—
TOTAL ALL DISEASES	16	362	333	2	43

Cancer.

The recorded deaths from various types of malignant disease shows an increase in number as compared with 1951, *viz.*, 275 (273).

The Table shows the deaths by age distribution :—

Age ...	25—34 years.		35—44 years.		45—54 years.		55—64 years.		65—74 years.		75 years & upwards.		All Ages.		
Site.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	TOTAL
Stomach ...	—	1	—	1	5	—	5	—	8	11	8	8	26	21	47
Lungs & Bronchus ...	—	1	4	—	9	2	13	1	7	—	4	—	37	4	41
Breast ...	—	—	—	1	—	4	—	7	—	3	—	7	—	22	22
Uterus ...	—	—	—	1	—	2	—	2	—	3	—	4	—	12	12
Leukæmia & Aleukæmia ...	*2	†1	—	—	1	1	—	3	1	1	—	—	4	6	10
All Others ...	§6	1	—	4	8	4	20	18	32	18	22	10	88	55	143
Totals ...	8	4	4	7	23	13	38	31	48	36	34	29	155	120	275

* Includes 1 Male aged 2 years.

† Includes 1 Female aged 15 years.

§ Includes 2 Males aged 6 years, 1 Male aged 9 years, 1 Male aged 11 years, 1 Male aged 20 years.

VENEREAL DISEASES.

FORM V.D. (R). (1952).

RETURN relating to all persons who were treated at the Treatment Centre at Royal Infirmary, Derby, during the year ended 31st December, 1952.

	Syphilis.		Gonorrhœa.		Other Conditions.		TOTALS.		
	M.	F.	M.	F.	M.	F.	M.	F.	Totals
1. Number of patients on 1st January under treatment or observation ...	113	124	58	24	81	45	252	193	445
2. Number of patients removed from the register during any previous year which returned during the year under report for treatment or observation of the same condition ...	11	10	—	—	—	—	11	10	21
3. Number of patients dealt with for the first time during the year under report (exclusive of those under item 4) suffering from:—									
(a) Syphilis, primary ...	1	—	—	—	—	—	1	—	1
(b) „ secondary ...	—	2	—	—	—	—	—	2	2
(c) „ latent in 1st year of infection†... ..	—	1	—	—	—	—	—	1	1
(d) „ cardio-vascular* ...	4	2	—	—	—	—	4	2	6
(e) „ of the nervous system* ...	8	4	—	—	—	—	8	4	12
(f) „ all other late or latent stages* ...	13	11	—	—	—	—	13	11	24
(g) „ congenital (under 1 year) ...	—	—	—	—	—	—	—	—	—
(h) „ „ (over 1 year) ...	4	4	—	—	—	—	4	4	8
(i) Gonorrhœa ...	—	—	97	20	—	—	97	20	117
(j) Chancroid ...	—	—	—	—	—	—	—	—	—
(k) Lymphogranuloma venereum (Syn. Lymphogranuloma inguinale)	—	—	—	—	—	—	—	—	—
(l) Granuloma inguinale (Syn. Granuloma venereum) ...	—	—	—	—	—	—	—	—	—
(m) Non-gonococcal Urethritis (males only) ...	—	—	—	—	107	—	107	—	107
(n) Any other conditions requiring treatment ...	—	—	—	—	107	66	107	66	173
(o) Conditions not requiring treatment ...	—	—	—	—	174	144	174	144	318
(p) Conditions remaining undiagnosed at 31st December ...	—	—	—	—	—	—	—	—	—
4. Number of patients dealt with for the first time who have been transferred from other Centres (Civil or Service) or from practitioners approved under Ministry of Health Circular 2226 ...	3	—	2	—	6	1	11	1	12
TOTALS OF ITEMS 1, 2, 3 AND 4 ...	157	158	157	44	475	256	789	458	1247
5. Number of patients suffering from syphilis and gonorrhœa discharged after completion of treatment and final tests of cure, or who were diagnosed as “other conditions” ...	44	42	77	21	385	195	506	258	764
6. Number of patients suffering from:—									
(a) Syphilis who defaulted after completion of treatment, but before final discharge ...	2	—	—	—	—	—	2	—	2
(b) Gonorrhœa who defaulted before 3 months ...	—	—	16	2	—	—	16	2	18
(c) Gonorrhœa who defaulted after 3 months ...	—	—	1	—	—	—	1	—	1

* Other conditions

FORM V.D. (R).—continued.

	Syphilis.		Gonorrhœa.		Other Conditions.		TOTALS		
	M.	F.	M.	F.	M.	F.	M.	F.	Totals
7. Number of patients who ceased to attend before completion of treatment and were suffering from:—									
(a) Acquired syphilis of less than 1 year's duration	1	—	—	—	—	—	1	—	1
(b) Acquired syphilis of more than 1 year's duration	—	2	—	—	—	—	—	2	2
(c) Congenital syphilis (under 1 year)	—	—	—	—	—	—	—	—	—
(d) " " (over 1 year)	—	—	—	—	—	—	—	—	—
(e) Gonorrhœa	—	—	2	—	—	—	2	—	2
8. Number of patients under treatment or observation <i>known</i> to have died:—									
(a) From syphilis	2	1	—	—	—	—	2	1	3
(b) From treatment	—	—	—	—	—	—	—	—	—
(c) From other causes	1	—	—	—	—	—	1	—	1
9. Number of patients transferred to other Centres or Institutions or to private practitioners	6	1	15	3	8	17	29	21	50
10. Number of patients remaining under treatment or observation on 31st December	101	112	46	18	82	44	229	174	403
TOTALS OF ITEMS 5, 6, 7, 8, 9 & 10 (These totals should agree with those of Items 1, 2, 3 and 4)	157	158	157	44	475	256	789	458	1247
11. Number of patients included in Item 7 who failed to complete one course of treatment of either penicillin or of arsenic and bismuth and were suffering from:—									
(a) Acquired syphilis of less than 1 year's duration	—	—	—	—	—	—	—	—	—
(b) Acquired syphilis of more than 1 year's duration	—	—	—	—	—	—	—	—	—
(c) Congenital syphilis of less than 1 year's duration	—	—	—	—	—	—	—	—	—
(d) Congenital syphilis of more than 1 year's duration	—	—	—	—	—	—	—	—	—
12. Number of attendances:—									
(a) For individual attention by the physician	1562	1256	723	193	2020	778	4305	2227	6532
(b) For intermediate treatment, <i>e.g.</i> , dressings, etc.	350	320	106	—	1682	4	2138	324	2462
TOTAL ATTENDANCES	1912	1576	829	193	3702	782	6443	2551	8994

		<i>Under 1 year.</i>		<i>1 and under 5 years.</i>		<i>5 and under 15 years.</i>		<i>15 years and over.</i>		<i>Totals</i>	
		<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
13.	Number of patients suffering from congenital syphilis in Item 3 above classified according to age ...	—	—	—	1	—	—	4	3	4	4
		<i>Microscopical.</i>		<i>Cultural.</i>	<i>Serum.</i>		<i>†† Cerebro- spinal fluid.</i>	<i>Others.</i>			
		<i>For Syphilis.</i>	<i>For Gonorrhæa.</i>		<i>For Syphilis.</i>	<i>For Gonorrhæa.</i>					
14.	Pathological Work :—										
(a)	Number of Specimens examined at, and by the Physician of, the Treatment Centre ...	34	1,443	—	—	—	—	168			
(b)	Number of Specimens from patients at the Treatment Centre sent to a pathological laboratory ...	—	98	36	1,824	121	40	—			
		<i>Syphilis (less than 1 year).</i>		<i>Syphilis (more than 1 year).</i>		<i>Gonorrhæa.</i>		<i>Other Conditions.</i>			
		<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>		
15.	Contacts attending for examination through the agency of :—										
(a)	Patients ...	—	1	1	—	2	10	7	17		
(b)	Health Visitor or Social Worker	—	—	—	—	—	1	2	14		
	TOTALS ...	—	1	1	—	2	11	9	31		

FORM V.D. (R).—*continued*.

Statement showing the services rendered at the Treatment Centre during the year, classified according to the areas in which the patients resided.

Name of County or County Borough (or Country in the case of persons residing elsewhere than in England and Wales) to be inserted in these headings :—	Derby Borough.	Derby County.	Staffs. County.	Leicester County.	Burton- on-Trent.	Notts. County.	Notts. Borough.	TOTAL.
Number of cases from each area included under the following headings in Item 3 :—								
Syphilis	29	23	1	—	—	1	—	54
Gonorrhœa	74	34	1	4	1	3	—	117
Other Conditions	267	302	10	12	3	4	—	598
TOTAL	370	359	12	16	4	8	—	769

†—"Syphilis, latent in 1st year of infection" applies to cases presenting no clinical sign of syphilis but considered (by blood tests, etc.) to have contracted this disease within the preceding 12 months.

*—In order to avoid duplication, patients with cardio-vascular syphilis who are also suffering from syphilis of the nervous and/or other systems should be recorded as suffering from cardio-vascular syphilis alone.

††—The number of diagnostic lumbar punctures should be given, not the number of tests carried out.

14th January, 1953.

(Signed) H. R. MORGAN RICHARDS,
Physician in Charge of the Treatment Centre

VI.—TUBERCULOSIS.

Report by Dr. H. G. Grace, Consultant Chest Physician.

The yearly total of deaths from Respiratory Tuberculosis continues to diminish and this is probably mainly due to chemo-therapy. An increasing number of patients in whom, prior to this era of specific drug therapy, the disease would have continued to take an active course resulting in earlier death, have been converted into quiescent cases or good "chronics". The general condition of some of these "chronic" cases has, indeed, improved so much that it has been possible to allow them to return to suitable work, and this has proved of considerable economic value, both to the individual affected and the community.

Domiciliary treatment, using the drugs now at our disposal, has established itself as a means of tackling the problem of tuberculosis in the home until a bed in sanatorium becomes available. It has shortened the period of treatment required in sanatorium and thereby brought about a substantial improvement in the Sanatorium bed situation. It will be appreciated, also, that the patient's outlook has been greatly changed, for the better.

Although the use of modern drugs has produced very encouraging short-term results, some years must necessarily elapse before the true value of chemo-therapy can be accurately assessed, but one is justified, I think, in viewing the future, as regards the control and treatment of tuberculosis, with hopefulness and a fair measure of confidence.

Incidence.

<i>Year.</i>	<i>Notifications.</i>	
	<i>Respiratory Tuberculosis.</i>	<i>Non-respiratory Tuberculosis.</i>
1947 ...	203	31
1948 ...	164	37
1949 ...	187	27
1950 ...	199	19
1951 ...	170	19
1952 ...	158	17

The number of new cases diagnosed during 1952 (Respiratory 141 and Non-respiratory 15) shows little change from 1951, when the corresponding figures were 136 and 19 respectively. Of the 45 cases referred to the Chest Clinic by the Nottinghamshire Mass Miniature Radiography Unit in 1952, 18 were found to be suffering from notifiable Respiratory Tuberculosis.

The 17 Non-respiratory Tuberculosis notifications include one case of Tuberculous Meningitis.

Mortality.

<i>Year.</i>	<i>Deaths.</i>	
	<i>Respiratory Tuberculosis.</i>	<i>Non-respiratory Tuberculosis.</i>
1947 ...	55	12
1948 ...	58	13
1949 ...	71	11
1950 ...	38	7
1951 ...	52	3
1952 ...	25	4

The number of Derby deaths from Respiratory Tuberculosis during 1952 is the lowest ever recorded in the Borough, the total of 25 (18 males and 7 females) comparing with an average of 55 deaths for the previous five years. The male deaths were evenly distributed between the age groups 25/35 and 65 plus, and it is notable that no female death occurred under the age of 35 years.

The four deaths from Non-respiratory Tuberculosis were due to the following causes :—

Male, 23 years.	Tuberculous Meningitis and Miliary Tuberculosis.
„ 48 „	Tuberculous Meningitis.
„ 49 „	Miliary Tuberculosis.
„ 70 „	Spinal Caries.

Services undertaken for Local Health Authority under

Section 28 of Part III of the National Health Service Act, 1946.

Reference to work done under this heading is made in the Appendix to this report. The opportunity is taken here, however, to comment favourably on the excellent co-ordination which exists between the Chest Centre and the Medical Officer of Health's Department.

B.C.G. Vaccination, 1952.

No. of Contacts attending Chest Centre for preliminary tuberculin tests	...	...	...	...	...	...	180
No. Mantoux-positive	...	...	...	...	...	...	49
No. Mantoux-negative	...	...	...	...	...	...	131
No. Vaccinated	...	...	...	...	...	...	124
No. of infants vaccinated by Chest Physician in hospitals and maternity homes	...	...	...	...	...	...	23
Total B.C.G. Vaccinations carried out under Local Health Authority's approved scheme	...	...	...	...	...	...	147

Health Visiting.

During the year, 2,219 visits were made to patients' homes by the two Tuberculosis Health Visitors.

Dental Treatment for Tuberculous Patients.

Special arrangements are made to provide dental treatment for certain patients suffering from pulmonary tuberculosis, and during the year three patients were referred to the Dental Officer, Mr. A. Stafford, for advice and treatment at the Derwent Hospital.

Register of Notifications.

	RESPIRATORY.			NON-RESPIRATORY.			TOTAL CASES.
	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>	
Number of cases of Tuberculosis remaining at 31/12/52 on the Register of Notifications kept by the Medical Officer of Health	500	368	868	61	61	122	990
Number of cases removed from the Register during the year by reason of:—							
1. Withdrawal of notification ...	1	—	1	—	—	—	1
2. Recovery from the disease ...	15	12	27	1	5	6	33
3. Death (all causes)	24	9	33	4	1	5	38
4. Otherwise	30	22	52	1	2	3	55

Tuberculosis Notifications and Deaths.

AGE AND SEX INCIDENCE.

Age Periods.	New Cases.*				Deaths.			
	Respiratory.		Non-respiratory.		Respiratory.		Non-respiratory.	
	M.	F.	M.	F.	M.	F.	M.	F.
0—1 years ...	—	—	—	—	—	—	—	—
1—5 „ ...	6	5	2	—	—	—	—	—
5—10 „ ...	5	4	3	4	—	—	—	—
10—15 „ ...	2	—	—	1	—	—	—	—
15—20 „ ...	6	12	1	—	—	—	—	—
20—25 „ ...	10	10	1	1	—	—	1	—
25—35 „ ...	14	8	—	—	4	—	—	—
35—45 „ ...	10	7	—	—	2	2	—	—
45—55 „ ...	14	4	2	—	4	2	2	—
55—65 „ ...	12	3	—	—	2	3	—	—
65 and upwards	9	—	—	—	6	—	1	—
Totals ...	88	53	9	6	18	7	4	—

*New Cases.—Cases transferred to Derby during 1952 from other areas are not included.

Form T. 137 (Revised)

1952.

Public Health (Tuberculosis) Regulations, 1930.**PART I.**

Summary of notifications of Tuberculosis during the period from the 1st January, 1952, to the 31st December, 1952, in the County Borough of Derby.

AGE PERIODS.....	FORMAL NOTIFICATIONS.													
	Number of Primary Notifications of New Cases of Tuberculosis.													
	0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	Total (all ages).
Respiratory, Males ...	-	-	6	5	2	3	8	13	10	14	12	5	-	78
Respiratory, Females...	-	1	4	4	-	12	10	8	5	4	3	-	-	51
Non-Respiratory, Males ...	-	-	2	3	-	1	-	-	-	-	-	-	-	6
Non-Respiratory, Females ...	-	-	-	3	1	-	1	-	-	-	-	-	-	5

PART II.

New cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during the above-mentioned period, otherwise than by formal notification.

SOURCE OF INFORMATION			NUMBER OF CASES IN AGE GROUPS														TOTAL
			0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-		
Death Returns from local registrars.	Respiratory	M	-	-	-	-	-	-	1	-	-	-	-	2	1	4 (A)	
		F	-	-	-	-	-	-	-	-	1	-	-	-	-	1 (B)	
	Non-Respiratory	M	-	-	-	-	-	-	1	-	-	2	-	-	-	3 (C)	
		F	-	-	-	-	-	-	-	-	-	-	-	-	-	— (D)	
Death Returns from Registrar- General (transferable deaths).	Respiratory	M	-	-	-	-	-	-	-	-	-	-	-	-	1	1 (A)	
		F	-	-	-	-	-	-	-	-	-	-	-	-	-	— (B)	
	Non-Respiratory	M	-	-	-	-	-	-	-	-	-	-	-	-	-	— (C)	
		F	-	-	-	-	-	-	-	-	-	-	-	-	-	— (D)	
Posthumous notifications.	Respiratory	M	-	-	-	-	-	-	-	1	-	-	-	-	-	1 (A)	
		F	-	-	-	-	-	-	-	-	-	-	-	-	-	— (B)	
	Non-Respiratory	M	-	-	-	-	-	-	-	-	-	-	-	-	-	— (C)	
		F	-	-	-	-	-	-	-	-	-	-	-	-	-	— (D)	
"Transfers" from other areas excluding transferable deaths).	Respiratory	M	-	-	-	-	-	-	3	3	2	3	1	-	-	12 (A)	
		F	-	-	-	-	-	2	1	1	1	-	-	-	-	5 (B)	
	Non-Respiratory	M	-	-	-	1	-	-	-	1	-	-	-	-	-	2 (C)	
		F	-	-	-	-	-	-	-	-	-	-	-	-	-	— (D)	
Other Sources.	Respiratory	M	-	-	-	-	-	3	1	-	-	-	-	-	-	4 (A)	
		F	-	-	-	-	-	-	-	-	1	-	-	-	-	1 (B)	
	Non-Respiratory	M	-	-	-	-	-	-	-	-	-	-	-	-	-	— (C)	
		F	-	-	-	1	-	-	-	-	-	-	-	-	-	1 (D)	

TOTALS	(A)	..	22
	(B)	..	7
	(C)	..	5
	(D)	..	1

VII.—MENTAL HEALTH.

I. Administration.

(a) All the functions of the Local Authority and the Local Health Authority under the Lunacy and Mental Treatment Acts, 1890—1930, the Mental Deficiency Acts, 1913—1938, and Section 51 of the National Health Service Act, 1946, stand referred to the Health Services Sub-Committee, consisting of 12 members of the Health Committee, which meets monthly.

(b) Mental Welfare is under the general supervision of the Medical Officer of Health.

The Medical Superintendent of the Kingsway Hospital and the Senior School Medical Officer are both approved by the Local Authority for the purpose of giving medical certificates under the Mental Deficiency Acts, 1913—1938.

After the death of the Mental Welfare Visitor in April, 1952, the establishment of the Mental Health Section was varied to include four Duly Authorised Officers who now share the duties under both the Lunacy and Mental Treatment Acts and the Mental Deficiency Acts. In October, one of the male Duly Authorised Officers retired and, though a female Duly Authorised Officer had been appointed in August, there was still a vacancy for a further Duly Authorised Officer at the end of the year.

The two male Duly Authorised Officers were formerly qualified Relieving Officers and the female Duly Authorised Officer has a Diploma in Social Science and three years' experience in Mental Health work.

During the year the staff of the Occupation Centre was maintained at full establishment.

The qualified Supervisor holds the Diploma of the Central Association for Mental Welfare and, in addition, there are two female unqualified supervisors and a male unqualified supervisor, the latter taking the Senior Boys' Class.

(c) The Duly Authorised Officers supervise cases on licence from Stoke Park Colony, Whittington Hall, Farmfield Colony, Stretton Hall and Manor Hospital; Stallington Hall, however, where the Local Authority has a number of patients, employs its own Social Worker for placing cases on licence and visiting them.

Visits in connection with renewal of Orders under Section 11 and applications for holidays are paid on behalf of 21 institutions.

(d) No duties are delegated to Voluntary Organisations.

(e) No members of the staff attended training courses during the year.

II. Account of Work Undertaken in the Community.

(a) Under Section 28, National Health Service Act, 1946, Prevention, Care and After-care :—

Prevention.

The Duly Authorised Officers made 564 visits and dealt with 110 cases as follows :—

24 Neurotic and confusion cases with domestic difficulties :—

Following visits to each case and contact with employers and other officials, improvement in domestic relations was eventually brought about in all cases.

5 Males were found other employment.

2 Females found other employment.

8 Persons were persuaded to undergo out-patient treatment.

2 Males persuaded to attend rehabilitation centre.

2 Males found lodgings.

1 Female found lodgings.

10 Females persuaded to undergo out-patient treatment.

56 Patients are receiving regular visits for observation.

Man, wife and one child. Man is a borderline case. Psychiatrist recommended lengthy period of mental treatment. Man refuses to enter hospital as a Voluntary Patient or to attend Out-patient clinic. His attitude generally has necessitated constant observation and supervision. Wife has frequently threatened to leave patient on account of his behaviour and it has been extremely difficult to keep this family together particularly as wife began to look elsewhere for comfort. She did listen to reason and eventually co-operated fully. Man was difficult and unhappy at work and objected to the visits by the Mental Health Officer :—

Other more congenial occupation has been found for man and he appears fairly contented and is inclined to co-operate although still refusing to accept any form of mental treatment.

Widow aged 67 years. Became extremely depressed and frightened and wanted to die. She was living alone and doctor wished to have her certified :—

It was arranged for Patient to stay with relatives who would have room for her in a new house. During the removal Patient was persuaded to enter hospital where she improved. She is now residing with her daughter and appears contented.

Female. 27 years of age. Single. Resides with father and mother who are both ailing and near 70 years of age. She has had hospital treatment for a short time. Former work not open to her :—

Similar work specially obtained for her. Walked out after two days. Other kind of employment obtained. Gave this up after four weeks for no apparent reason. Again other employment as machinist obtained and is now working well and earning good wages. Married sister will keep in contact with her several times a week as the aged parents are of little help as they do not fully understand their daughter's condition.

Young married couple in early thirties. One child. Both attempted suicide one morning and taken to hospital. Husband had phobia that he was suffering from a malignant disease and treated his wife in a disturbing way for over 12 months :—

Couple seen and mode of living discussed. On department's request, husband's firm agreed to transfer him to less onerous work without loss of pay. Local vicar has offered advice and occasional visits. There is marked improvement in man's outlook and treatment, and wife is much better physically and mentally. Are now entering into social side of life with some zest.

Married couple. Both 42 years of age. Male a Polish subject. Female English. Both working. Have been married two years. Man has been ill-treating his wife and refusing to give her any of his earnings. He is mentally queer at times with confusion and refuses treatment. Lack of home comforts through both being at work all day appears to have been the main trouble whereby tempers have become frayed :—

A lady has been obtained to live in and act generally as house-keeper and now the husband is much improved. He and his wife appear socially stabilised whereas at one time the case may have reached Court through solicitors.

Care.

The Duly Authorised Officers dealt with 122 cases as follows :—

Man, wife and 4 children. Wife has been the subject of Police reports and complaints from neighbours for a number of years. She has always been highly strung and noisy, always in a temper and screaming at husband and children :—

Close observation was maintained in this case and it was found that she was deteriorating. She was neglecting herself, husband and the children. The house was dirty and she would lock herself in the house screaming abuse at anyone who knocked at the door. It became necessary that she receive mental treatment and an order under Section 21 of the Lunacy Act was made. Satisfactory arrangements were made with regard to the welfare of the children particularly with regard to the baby, successful arrangements being made with a lady who lived in the street to look after him. Patient has now settled down at the Hospital and has signed voluntary forms.

Man, wife and 4 children. It was found necessary to readmit man to Hospital after prolonged observation owing to his acute mental condition. He suffered under delusion that his wife was unfaithful to him and accused male relatives of being intimate with her. He became dangerously violent and urgent action had to be taken. Children were in a nervous condition and wife's health was very poor :—

Relatives agreed to care for the children whilst wife had a short rest at the home of her parents. Afterwards clothing and toys were obtained for the children at Christmas.

Widow, 79 years, suffers slight delusions. Has let three rooms of her house on three separate occasions and has accused the occupants of stealing and spying :—

Daughter in London contacted who came to Derby and arrangements were made for further persons to live with and also care for her mother. They were also informed how to discipline this lady. Several visits have been made. Delusions only occur occasionally and the lady is much improved. She has a nice, modern house, well furnished.

Widow, 67 years. Suffering from paralysis and ideas of persecution regarding young couple who reside with her and care for her :—

Niece contacted who promised to visit daily. Young couple not happy and agreed to leave if new lodgers could be found, also new rooms for them. This was done by way of exchange, the new couple being older and more experienced. Nice, clean house well furnished. Several visits have been made and as the case is much improved no further visits will be made unless by request.

Man, wife and 4 children of school age. Man has had periodical bouts of unfounded suspicion regarding his wife for the last 10 years. Has been visited during the last three years as and when requested by wife. Insufficient earnings appeared to be the main trouble and there has been constant getting at one another and blows struck, the police having had to be called :—

A new situation has been found for the husband. Works most weeks on overtime thereby easing the financial problem and domestic tension. Relations stated to be much improved. No further visits necessary at this stage.

36 Cases persuaded to undergo Voluntary treatment.

17 Cases discharged by Justice, 12 of which were admitted to Manor Hospital.

69 Mental Patients :—

Claiming of wages, National Insurance, National Assistance, Disability Pensions, and Retirement Pensions, the storing of personal property and communications with distant relatives on their behalf.

After-Care.

The Duly Authorised Officers made 344 visits and dealt with 140 cases as follows :—

- 3 Males apart from wives :—Reconciliation effected.
- 9 Males were returned to regular employment, three of whom were found lodgings.
- 2 Females were returned to regular employment.
- 23 Males were kept under constant supervision.
- 24 Females were kept under constant supervision.
- 11 Males re-admitted to Mental Hospital.
- 16 Females re-admitted to Mental Hospital.
- 2 Males persuaded to attend Rehabilitation Centre.
- 1 Male sent to Convalescent Home.
- 3 Females sent to Convalescent Home.
- 3 Males :—Disability Pensions claimed.
- 43 Cases visited at regular intervals.

(b) Under the Lunacy and Mental Treatment Acts, 1890-1930.

SECTION ...		LUNACY ACT, 1890.				MENTAL TREATMENT ACT, 1930.		TOTAL.
		20	21(1)	16	4	1	5	
Under 16 years	M.	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—
16 to 25 years	M.	6	2	3	—	1	—	12
	F.	—	1	2	—	4	—	7
25 to 35 years	M.	9	2	2	—	5	—	18
	F.	8	5	5	—	2	—	20
35 to 45 years	M.	6	4	4	—	2	—	16
	F.	11	2	5	—	5	—	23
45 to 55 years	M.	4	3	5	—	4	—	16
	F.	7	1	6	—	2	—	16
55 to 65 years	M.	3	3	2	—	3	—	11
	F.	2	—	3	—	6	1	12
65 to 75 years	M.	1	—	3	—	1	—	5
	F.	4	—	5	—	—	—	9
75 to 85 years	M.	3	—	1	—	—	—	4
	F.	4	1	4	—	1	3	13
TOTAL ...	M.	32	14	20	—	16	—	82
	F.	36	10	30	—	20	4	100

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Dr. Barbour, Medical Superintendent, Kingsway Hospital, Derby, holds a weekly meeting each Monday, at which his medical staff, the Occupational Therapists and the Duly Authorised Officers are present. The admissions and discharges during the previous week are discussed and information exchanged regarding patients as to their future, after-care and rehabilitation in civil and industrial life. In between meetings the Superintendent maintains contact by seeking the aid of the Duly Authorised Officers with regard to any enquiry he wishes to be made and by obtaining and forwarding to him any patient's social history.

By permission of the Medical Superintendent, the Duly Authorised Officers are allowed to see patients on any day with a view to relieving them of domestic, financial and other matters which may be causing them concern.

Co-operation is readily given by all concerned.

Thanks are tendered to the Medical Superintendent, doctors, and staff of Kingsway Mental Hospital, also to the Magistrates, doctors and police for their help and co-operation in carrying out the difficult duties under the Lunacy and Mental Treatment Acts.

(c) Under the Mental Deficiency Acts, 1913-1938.

	During 1952.				Total cases on Authority's registers as at 1st January, 1953.			
	Under age 16.		Aged 16 and over.		Under age 16.		Aged 16 and over.	
	M.	F.	M.	F.	M.	F.	M.	F.
(i) ASCERTAINMENT, Etc.								
1. PARTICULARS OF CASES REPORTED DURING 1952.								
(a) Cases at 31st December ascertained to be defectives "subject to be dealt with". Action taken on reports by :—								
(i) Local Education Authorities on children								
(1) While at school or liable to attend school	3	6	—	—	—	—	—	—
(2) On leaving special schools	—	—	13	12	—	—	—	—
(3) On leaving ordinary schools	—	—	—	—	—	—	—	—
(ii) Police or by Courts	—	—	1	—	—	—	—	—
(iii) Other Sources	—	—	—	—	—	—	—	—
(b) Cases reported but not regarded at 31st December as defectives "subject to be dealt with" on any ground	—	—	1	—	—	—	—	—
(c) Cases reported but not confirmed as defectives by 31st December and thus excluded from (a) or (b)	—	—	—	—	—	—	—	—
Total number of cases reported during the year	3	6	15	12	—	—	—	—
2. DISPOSAL OF CASES.								
(a) Of the cases ascertained to be defectives "subject to be dealt with" number :—								
(i) Placed under Statutory Supervision	3	6	13	12	36	23	168	164
(ii) Placed under Guardianship	—	—	—	—	—	—	6	8
(iii) Taken to "Places of Safety"	—	—	—	—	—	1	—	—
(iv) Admitted to Institutions	—	—	1	—	2	3	68	91
(b) Of the cases not ascertained to be defectives "subject to be dealt with" number :—								
(i) Placed under Voluntary Supervision	—	—	—	—	43	37	46	60
(ii) Action unnecessary	—	—	1	—	—	—	—	—
Total of Item 2	3	6	15	12	81	64	288	323
3. CLASSIFICATION OF DEFECTIVES IN THE COMMUNITY ON 1st JANUARY, 1953.								
(a) Cases included in item 2 (a) (i) to (iii) above in need of institutional care :—								
(1) In urgent need of institutional care :—								
(i) cot and chair cases	—	—	—	—	3	1	—	—
(ii) ambulant low grade cases	—	—	—	—	—	1	—	—
(iii) medium grade cases	—	—	—	—	1	3	1	—
(iv) high grade cases	—	—	—	—	—	—	—	—
(2) Not in urgent need of institutional care :—								
(i) cot and chair cases	—	—	—	—	—	—	1	—
(ii) ambulant low grade cases	—	—	—	—	1	—	—	—
(iii) medium grade cases	—	—	—	—	7	1	2	2
(iv) high grade cases	—	—	—	—	—	—	—	—
Total of Item 3 (a)	—	—	—	—	12	6	4	2

	<i>Under age 16.</i>		<i>Aged 16 and over.</i>	
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
3. (b) Of the cases included in items 2 (a) (i) and (ii) and 2 (b) (i) above, number considered suitable for :—				
(i) occupation centre	2	2	2	1
(ii) industrial centre	—	—	—	—
(iii) home training	—	—	—	—
Total of Item 3 (b)	2	2	2	1
(c) Number of cases included in item 3 (b) receiving training on 1st January, 1953 :—				
(i) in occupation centre	13	10	12	6
(ii) in industrial centre	—	—	—	—
(iii) at home	—	—	—	—
Total of Item 3 (c)	13	10	12	6

4. Number of Mental Defectives who were in Institutions, under Community Care (including Voluntary Supervision) or in 'Places of Safety' on 1st January, 1952, who have ceased to be under any of these forms of care during 1952.

	<i>M.</i>	<i>F.</i>	<i>T.</i>
(a) Ceased to be under care	6	5	11
(b) Died, removed from the area, or lost sight of	7	5	12
TOTAL	13	10	23

5. Of the total number of mental defectives under Supervision or Guardianship or no longer under care.

(a) Number who have given birth to children while unmarried during 1952 ... 2

	<i>Males.</i>	<i>Females.</i>
(b) Number who have married during 1952	Nil	2

(ii) GUARDIANSHIP AND SUPERVISION.

At the end of 1952 there were 396 mental defectives under Statutory Supervision, 59 being under the age of 16 years, and 3 were under Voluntary Supervision, none being under the age of 16 years.

In addition, 14 defectives over the age of 16 years were under Guardianship.

The Duly Authorised Officers carried out 321 domiciliary visits during the year and with the co-operation of a number of Voluntary and Statutory agencies have been able to assist many of the defectives in employment, domestic and financial problems.

Twelve defectives, 11 of them under the age of 16 years, were in urgent need of institutional care at the end of the year.

(iii) TRAINING.

The Occupation Centre has accommodation for 40 children. To facilitate instruction the children are divided into classes of ten. The two junior groups are composed of both sexes whilst the older children are taught separately, the boys being in the care of a male instructor.

In the junior groups much time is given to speech training, physical training, and musical activities such as percussion band, folk and rhythmic dancing. Simple handwork is introduced in the Intermediate Class.

The two senior groups spend more time on handicrafts such as cane work which is very popular. The senior girls are taught knitting, rug making, needlework of all kinds, and have the use of a sewing machine.

The senior boys assemble and seat sea-grass stools, make doormats, and cultivate an allotment. These older children also meet for such activities as folk dancing, ballroom dancing, percussion band, and singing.

The children had a very happy day on the Annual Outing to Rhyl, meals were arranged at a café on the sea front and the day was a great success.

A Christmas Party, with suitable presents, and a visit to the pantomime were arranged. Both events were greatly enjoyed by the children.

VIII.—SOCIO-MEDICAL WORK

Report by Mr. R. L. Carabine, Almoner.

Previous reports for the years 1948-51 have described, in some detail, the method and development of the Care and After-Care Service, and as a full survey of the work from 1948 to the present date is given in the appendix to these reports, it will be sufficient to comment briefly on the year.

There was a further marked increase in the total number of cases dealt with, 1,084 as against 920 for 1951.

As will be seen from the figures given, patients suffering from cancer formed the second highest group and the complexity of social-medical problems arising from their Care and After-Care is easily imagined. The effect of the recent advances in tuberculosis therapy plus the earlier diagnosis can already be observed in the social field and it is hoped that the problem of the chronic case is a diminishing one. From the writer's limited experience, there is an altogether different outlook on the part of newly diagnosed patients who on the whole appear to have far more buoyancy. How much of this is due to the prospects of a speedier recovery and how much due to an improved general knowledge of the disease it is hard to say. It is not unlikely that the immediate commencement of chemotherapy has a beneficial psychological effect which makes for a more contented state of mind. The patient who is subjected to immediate domiciliary treatment does feel that a positive attack upon the disease has commenced.

One of the brightest features of the year has been the introduction of a scheme whereby active cases are rehoused more speedily and the progress made in the closing months of the year gives every encouragement for the future.

The third highest group of patients referred for care and after-care come under the classification of cardiac and circulatory diseases, and, here again, housing conditions play a very important part. Meeting the need for small homes of the bungalow type for middle-aged and elderly people suffering from heart and allied troubles would appear to be a major problem, but its solution offers considerable dividends not only in personal relief, but also in the release of property which is at present being only half utilised.

Co-operation with statutory and voluntary agencies continued to be excellent throughout the year, and as the figures below show, considerable use was made of these bodies. The Authority's thanks are due to the British Red Cross Society, Soldiers', Sailors' and Airmen's Families Association, Derby

Co-operative Society Ltd., and the National Assistance Board for their willing co-operation and help. Thanks are also due to the students from the Department of Social Administration, University of Nottingham, who spent practical training periods with the department and gave considerable assistance.

Number of Patients referred to the Almoners.

Hospitals ...	519
Chest Centre ...	124
General Practitioners ...	77
Health Workers ...	47
Non-Medical Sources ...	62
Cases arising from previous years ...	255
Total ...	<hr/> 1,084 <hr/>

These new patients were classified as :—

Tuberculosis (all forms) ...	143	Diabetes ...	15
Pneumonia and Pleurisy ...	29	Gastric Disorders ...	47
Bronchitis and Asthma ...	35	Cancer (all forms) ...	105
Cardiac and Circulatory Diseases ...	58	Orthopædic (other than tuber-	
Nervous Disorders ...	23	culosis) ...	43
Rheumatism and Rheumatic		Malnutrition ...	1
Fever ...	5	Venereal Diseases ...	10
Arthritis and Rheumatoid Arth-		General Debility and other	
ritis ...	23	Surgical and Medical	
Paraplegia and other forms of		conditions ...	253
Paralysis ...	39		

Provision of Free Milk, Clothing, etc.

114 Patients were provided with free milk—cost to Authority	£1,149 0s. 0d.
8 „ „ „ „ clothing at a cost of	£38 3s. 10d.
6 „ „ „ loaned beds.	
51 „ „ „ invalid wheel chairs.	
12 „ „ „ bed-linen on the hire principle, and where necessary free of charge.	

Convalescence.

Ten patients were sent for convalescence at a cost of £97 8s. 4d. These were classified in age and sex as follows :—

Age :—	<i>Under 20</i>	<i>20—29</i>	<i>30—39</i>	<i>40—49</i>	<i>50—65</i>	<i>65 and over.</i>
Males ...	—	—	1	2	—	—
Females ...	—	1	2	—	2	2

In addition to the above, convalescence was arranged for a further 29 patients through the Midland Co-operative Convalescence Fund, Employers, Trade Unions, Friendly Societies and the National Health Service.

Rehabilitation.

- 29 Patients were registered as Disabled Persons under the Disabled Persons Act, 1944.
- 11 Patients were recommended for admission to the Ministry of Labour Rehabilitation Centres.
- 5 Patients were recommended and accepted by the Ministry of Labour for Training Courses at Government Training Centres.
- 18 Patients suffering from tuberculosis were assisted to return to full-time employment.

General Care.

Evidence of the widespread nature of problems encountered is given by the number of patients assisted through the following sources :—

107	Patients	were	referred	to	the	National	Assistance	Board.
37	"	"	"	"	"	Ministry	of	Labour.
5	"	"	"	"	"	Ministry	of	Pensions.
5	"	"	"	"	"	Ministry	of	National Insurance.
26	"	"	"	"	"	Hospitals.		
24	"	"	"	"	"	General	Practitioners.	
7	"	"	"	"	"	The	Local	Authority Education Dept.
7	"	"	"	"	"	Children's	Officer.	
23	"	"	"	"	"	Home	Help	Supervisor.
5	"	"	"	"	"	Duly	Authorised	Officers.
20	"	"	"	"	"	School	Medical	Officer.
2	"	"	"	"	"	Sanitary	Inspectors.	
7	"	"	"	"	"	Home	Nursing	Superintendent.
14	"	"	"	"	"	Housing	Department.	
3	"	"	"	"	"	Legal	Aid	Committee and Solicitors.
2	"	"	"	"	"	National	Society	for Cancer Relief.
3	"	"	"	"	"	Probation	Officers.	
10	"	"	"	"	"	Welfare	Department.	
86	"	"	"	"	"	Other	Voluntary	and Statutory
						Agencies.		

The following Chronic Sick Cases were visited by the Authority's Health Visitors to ascertain suitability for Hospital Care.

Number of Chronic Sick Cases visited during the year	...	...	419
Number recommended—"Removal Essential"	...	...	369
"Removal Desirable"	...	...	24
"Can be cared for at home"	...	...	26

Visits to expectant mothers desiring hospital confinement were recommenced from the 24th of June, 1952. Domiciliary Midwives have carried out this work and the arrangement has proved most satisfactory.

Number of Expectant Mothers visited during the year	...	...	175
Number recommended—"Hospital Essential"	...	...	99
"Hospital Desirable"	...	...	22
"Can be cared for at home"	...	...	54

IX.—MISCELLANEOUS

Home Nursing.

The acquisition of the Royal Nursing Institution premises, and the take over of the administration of the Royal Derby and Derbyshire Nursing Association was completed during 1952.

An analysis of the numbers and types of cases dealt with during the years 1948–1952 is appended.

	1948.		1949.	1950.	1951.	1952.
	1st Jan.— 4th July.	5th July— 31st Dec.				
Number of cases on Register at beginning of the period ...	194	130	178	243	240	250
New cases during the period ...	310	525	1,218	1,487	1,487	1,600
Total number of cases attended during the period ...	504	655	1,396	1,730	1,727	1,850
Total number of visits during the period ...	7,880	15,982	41,060	44,467	46,402	52,783

The new cases during 1952 were referred from the following sources :—

Doctors ...	1,093	Neighbours ...	5
Hospitals ...	383	Tuberculosis Health Visitor...	1
Relatives ...	47	Personal application by Patient	12
Midwives ...	31	Other Sources ...	1
Welfare Officers ...	27		

CLASSIFICATION OF CASES ATTENDED DURING THE YEAR 1952.

Tuberculosis of Respiratory System	7
Tuberculosis, Other Forms	4
Streptomycin	61
Gonococcal Infection	—
Certain Diseases common among children. <i>e.g.</i> , Scarlet Fever, Measles, etc. ...	3
Diseases due to Helminths	3
Malignant Neoplasms (all sites)	113
Benign and unspecified Neoplasms	1
Diabetes Mellitus	26
Anæmias	5
Vascular Lesions affecting Central Nervous System	134
Diseases of the Eye	3
Diseases of the Ear and Mastoid Process	9
Rheumatic Fever	—
Arterio-sclerotic and Degenerative Heart Diseases	152
Diseases of Veins	26
Acute Pharyngitis and Tonsillitis	24
Influenza	3
Pneumonia	73
Bronchitis	54
All Other Respiratory Diseases	41
Appendicitis, Hysterectomy and Hernia of Abdominal Cavity	176
Diseases of Gall Bladder and Bile Ducts	6
Other Diseases of the Digestive System	126
Diseases of Genital Organs	42
Deliveries, Complications of Pregnancy, Childbirth and Puerperium	17
Miscarriages	1
Threatened Miscarriages	3
Infections in Infants under 14 days	16
Boils, Abscesses, Cellulitis, etc.... ..	44
Other Diseases of the Skin	8
Arthritis and Rheumatism	23
Congenital Malformations and other Diseases due to Early Infancy	3
All Other Specified and Ill-defined Diseases	24
Accidents, Poisoning and Violence	50
Senility	160
Preparation for X-Ray	128
Breast Abscesses	31
	<hr/> 1,600 <hr/>
Chronic Cases	616
Acute Cases	984

A quantity of home nursing equipment is kept in stock at the Central Office and the Royal Nursing Institution and is issued on loan at the request of nurses, doctors or relatives, no charge being made provided the equipment is returned intact. The British Red Cross Society assist with items temporarily out of stock or when the Local Authority is unable to supply the item requested.

The following equipment was loaned out during 1952 :—

	<i>Stock.</i>	<i>Cases Assisted.</i>
Bedpans, Stainless Steel and Porcelain	80	175
Back Rests	62	118
Air Rings	55	131
Mackintosh Sheets	41	96
Bed Cradles	24	34
Urinals, Male	11	35
Urinals, Female	8	10
Feeding Cups	16	23
Rubber Bedpans	9	10
Breast Pumps	3	—
Hot Water Bottles	6	4
Air Beds	3	10
Douche Cans	3	2
Night Commodes	2	4

Home and Domestic Helps.

During the year, 656 applications were received, compared with 651 during 1951.

Details are as follows :—

	<i>No. of applications received.</i>	<i>No. of cases attended.</i>	<i>Assessed at</i>			<i>No. of applications withdrawn.</i>	<i>Assessed at</i>	
			<i>Full Fee.</i>	<i>Reduced Fee.</i>	<i>Free.</i>		<i>Full Fee.</i>	<i>Reduced Fee.</i>
Home Helps—Maternity ...	46	23	11	12	—	23	13	10
Domestic Helps—								
Illness	90	84	29	52	3	6	2	4
Tuberculosis	11	11	1	10	—	—	—	—
Aged and Blind ...	509	507	37	464	6	2	2	—

The detailed comparison for the years 1948–1952 is as follows :—

	<i>Applications Received.</i>	<i>Applications Withdrawn.</i>	<i>Full Fee Charged.</i>	<i>Reduced Fee Charged.</i>	<i>No Charge Made.</i>
	<i>(includes old cases)</i>				
1948 ...	170	38	5	125	2
1949 ...	520	64	44	389	23
1950 ...	632	86	48	476	22
1951 ...	651	51	56	533	11
1952 ...	656	31	78	538	9

This service is usually requested by Doctors, Hospital Almoners, Welfare Officers, Health Visitors, Women's Voluntary Services and the general public.

In each case a visit is made by the Supervisor to establish the degree of help necessary, to arrange and explain the duties of a Home Help, and to assess the charge. A suitable Home Help is then assigned. Visits are made periodically to determine the necessity for the continuation of the service or any change in circumstance. A charge is made according to the Ministry of Health Circular 110/46, and in all cases an application form for this service is completed and sent to the office.

Help is sent into approximately 430 homes each week, about 85% of these are old age pensioners, patients discharged from hospital, and chronic invalids. Home Helps do work about the house which these people would have difficulty in doing themselves. The amount of help allocated is assessed according to the nature of each case. It is felt that in a great many cases more co-operation could be given by the family and also relatives, to relieve the pressure on the service.

Tuberculosis cases are reviewed periodically to establish if more or less help is warranted. The Home Helps who attend these cases are advised to have an X-ray every three months.

Home Helps attend maternity cases for a period of ten days, during which time the help carries out all the duties normally done by the mother. In the course of a few days the Supervisor pays a visit in order to see that everything necessary is being done, and arrange for revision of the service should the need arise. The demand for this service is still small. The reason given is financial economy.

The number of three-hourly visits made by the 75 part-time Helps employed was 19,027, and 984 visits were made by the Supervisor.

Home Helps are carefully selected from a waiting list of persons who are interested in this type of work, and who have previous experience, middle-aged married women usually being ideally suited for these duties. Contact is kept on the quality of work, and it has hitherto been found unnecessary to provide training.

Blind Welfare.

The following information is supplied by Mr. L. W. Horton, Chief Executive Officer, Welfare Department.

Number of Blind Persons on register during 1951	...	...	244
New patients added to register during 1952	...	17	
Transfers in to the Borough from other areas	...	3	
Number of Blind Persons reported as having died...	...	18	
Transfers out of the Borough to other areas	...	6	
Number of Blind Persons on register during 1952	...	...	240
Number of children of school age included in above...	...	2	
Number of Partially Sighted Persons on register			
register during 1952	...	...	47

Details of Blind Persons on register are as follows :—

Age Periods of Registered Blind Persons.

Age.	0-	1-	2-	3-	4-	5-	11-	16-	21-	31-	40-	50-	60-	65-	70+	Total.
M.	—	—	—	1	—	1	—	1	4	4	8	15	12	12	51	109
F.	—	—	—	—	—	1	—	1	4	6	5	13	14	15	72	131
TOTAL	—	—	—	1	—	2	—	2	8	10	13	28	26	27	123	240

Age at Onset of Blindness.

Age.	0-	1-	2-	3-	4-	5-	11-	16-	21-	31-	40-	50-	60-	65-	70+	Un-known	Total.
M.	13	—	1	1	—	5	2	3	6	6	8	16	10	11	27	—	109
F.	12	—	—	—	—	11	4	—	2	2	16	17	10	11	46	—	131
TOTAL	25	—	1	1	—	16	6	3	8	8	24	33	20	22	73	—	240

Children, Age under 16.

	Under 2.		Age 2—4.				Age 5—15.								TOTAL.
	Resident in /at		Educable.		In-educable.		Educable.				Ineducable.				
	Sunshine or Residential Homes.	Home or Elsewhere.	Attending Nursery Schools or in Residential Homes.	At Home or Elsewhere.	In Mental Hospitals or M.D. Institutions.	At Home or Elsewhere.	Attending Schools.		Not at School.		In Mental Hospitals or M.D. Institutions.		At Home or elsewhere.		
							Blind but no other Defects.	Blind with other Defects.	Blind but no other Defects.	Blind with other Defects.	Blind.	Blind with multiple Defects.	Blind.	Blind with multiple Defects.	
M.	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1
F.	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1
TOTAL	—	—	—	1	—	—	1	—	—	—	—	—	—	—	2

Education, Training and Employment. Age Periods, 16 years and upwards.

	Employed.					Under- going Training.		Unemployed.								(m)	(n)
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h) Trained but unem- ployed.		(i) No Training but trainable.		(j)	(k)	(l)	GRAND TOTAL.	No. of Persons registered under the Disabled Persons (Employment) Act, 1944, included in Col. (m).	
	In Workshops for the Blind.	As Approved Home Workers.	All Others not included in either (a) or (b).	TOTAL EMPLOYED.	No. of Women over 60 and Men over 65 who are employed included in (d).	For Sheltered Employment.	For Open Employment.	For Sheltered Employment.	For Open Employment.	For Sheltered Employment.	For Open Employment.	Not available for employment.	Not Capable of Work.	Not Employed over 65.			
M.	—	—	21	21	1	—	—	—	—	—	—	13	11	62	107	16	
F.	—	—	3	3	—	—	1	—	—	—	1	25	13	87	130	3	
TOTAL	—	—	24	24	1	—	1	—	—	—	1	38	24	149	237	19	

Occupations of Employed Blind Persons.

	<i>Basket Workers.</i>	<i>Clerks and Typists.</i>	<i>Newsagent.</i>	<i>Factory Operatives.</i>	<i>Massage and Physio-Therapy.</i>	<i>Newsvendors.</i>	<i>Piano Tuners.</i>	<i>Packers.</i>	<i>Telephone Operators.</i>	<i>Other Open Employment.</i>	<i>Gardener.</i>	<i>Miscellaneous.</i>	TOTAL.
Within Workshops for the Blind	—	—	—	—	—	—	—	—	—	—	—	—	—
In Approved Home Workers Schemes	—	—	—	—	—	—	—	—	—	—	—	—	—
Others not Pastime Workers ...	1	1	1	—	1	1	1	—	1	15	1	1	24
TOTAL	1	1	1	—	1	1	1	—	1	15	1	1	24

Physically and Mentally Defective and Mentally Disordered—All Ages.

	(a) <i>Mentally Disordered.</i>	(b) <i>Mentally Defective.</i>	(c) <i>Physically Defective.</i>	(d) <i>Deaf without Speech.</i>	(e) <i>Deaf with Speech.</i>	(f) <i>Hard of Hearing.</i>	<i>Not included in (a) to (f) but combination of :-</i>		TOTAL.
							<i>(b), (c) and (d)</i>	<i>(a) and (c)</i>	
M. ...	5	1	7	—	—	8	—	1	22
F. ...	5	—	16	—	5	13	1	—	40
TOTAL ...	10	1	23	—	5	21	1	1	62

Blind Persons age 16 and upwards—resident in

	<i>Residential Accommodation provided under Part III of the 1948 Act, viz. : Section 21.</i>		<i>Other Residential Homes.</i>	<i>Mental Hospitals.</i>	<i>Mental Deficiency Institutions</i>	<i>Chronic Wards of Hospitals.</i>
	<i>Homes for the Blind.</i>	<i>Other Homes.</i>				
M. ...	—	9	—	5	—	3
F. ...	—	5	1	5	—	7
TOTAL ...	—	14	1	10	—	10

Miscellaneous Information—Number of

Social Centres	1
Handicraft Classes	2
Special Classes and Socials for the Deaf-Blind ...	1
Persons newly employed in open industry during the year	1
Persons discharged from open industry during the year	1
St. Dunstaners	5

**Blind Persons Registered as New Cases (not transfers) during the Year—
Age Periods.**

	0-	1-	2-	3-	4-	5-	11-	16-	21-	31-	40-	50-	60-	65-	70+	Total.
M.	—	—	—	—	—	1	—	—	—	1	—	—	1	1	7	11
F.	—	—	—	—	—	—	—	—	—	—	1	—	2	1	2	6
TOTAL	—	—	—	—	—	1	—	—	—	1	1	—	3	2	9	17

**Blind Persons Registered as New Cases (not transfers) during the Year—
Age at Onset of Blindness.**

	0-	1-	2-	3-	4-	5-	11-	16-	21-	31-	40-	50-	60-	65-	75+	Total.
M.	1	—	—	—	—	—	—	—	—	1	—	1	1	—	7	11
F.	—	—	—	—	—	—	—	—	—	—	1	—	2	1	2	6
TOTAL	1	—	—	—	—	—	—	—	—	1	1	1	3	1	9	17

The Local Authority employs three Visitors and Teachers of the Blind, all holding the qualifications of the Association of Colleges for Teachers of the Blind.

Every effort is made to discover and assist any new cases of blindness. Home visiting and practical help is given to all blind persons known to us and residing within the Borough. Social amenities are made known and used whenever possible. Extra attention is given to the Deaf-Blind and any who may be suffering from some other form of handicap the nature of which is such as to increase the disability of blindness. For a small charge a Home Help is provided where necessary. Arrangements are also made for the provision, licensing and maintenance of wireless sets, and also the provision of Dog Licences and Omnibus Passes.

Each Tuesday and Thursday afternoon is devoted to work at the Social Centre, Guildhall, Market Place, where instruction is given in pastime occupations, or a game of dominoes, cards or draughts may be enjoyed.

The additional room at the Centre, is light and warm and contains a number of easy chairs. Here, with this added comfort, our older people spend many happy hours, and each Tuesday afternoon a reader, kindly recruited by the W.V.S., comes along to give a short session of interesting stories. An instruction class in Old Tyme Dancing is held on alternate Thursdays.

Teaching of the following subjects and handicrafts is carried out by the Staff: Braille reading and writing, Moon reading, sea-grass seating, rush seating, cane seating, rug making, hand knitting, bead work, chain ball craft, etc.

Theatre parties and amateur shows are arranged throughout the year. Motor coach outings are arranged throughout the summer. The two most important events of the year are the Annual Outing and Christmas Party which are provided by the Local Authority.

Registration of blind persons is carried out through the medium of a private Eye Clinic, which is arranged once monthly in conjunction with the Ophthalmologist, and which is in accordance with the Ministry of Health requirements, Form B.D. 8 being completed in all cases. In the case of bedridden patients, and others so physically handicapped as to be unable to attend the clinic in person, arrangements are made for the Ophthalmologist to visit them in their homes.

Records are now kept of all observation cases, *i.e.*, persons likely to go blind within the next four years following the date of examination.

The many demands in the field of Blind Welfare seem to be ever increasing and some of our duties must be left with seemingly insufficient attention, but we are, nevertheless, happy to report that despite the many office and routine tasks which must be carried out, we were able to make a large number of visits. These include visits to blind persons in their homes, visits to various hospitals, and numerous appointments with doctors and dentists on behalf of blind persons.

Section 47, National Assistance Act, 1948.

No cases were dealt with under the provisions of this section.

Ambulance Service.

Mr. A. Connor, Transport Manager, reports as follows :—

Use of Service.

There was very little difference in the total number of patients carried, but mileage continued to increase, being 6.3% above that for 1951. Most of the extra miles were done by ambulances and of their increase, one-half was for journeys outside the Borough. Transport by car outside our area also increased, but car-miles in the Borough were less.

The larger number of transfers from hospitals in Derby to convalescent-type hospitals elsewhere (mostly in Derbyshire) which was noted last year has continued. There has also been an increase in the number of discharges needing ambulance transport, which suggests that the period spent in Derby hospitals has been reduced.

Vehicles.

One Austin ambulance was taken over by the Civil Defence Department at the end of the year, leaving 11 ambulances and five cars in operation. All repairs are carried out in the Central Workshops of the Transport Department.

Personnel.

The staff consisted of a Deputy Ambulance Officer, three Shift Leaders and 22 Driver/Attendants.

Patients carried.

					<i>Ambulances.</i>	<i>Cars.</i>
Emergency cases	...	...	...	...	944	233
Other cases	...	...	...	...	13,906	20,658
					<hr/>	<hr/>
			Total	...	14,850	20,891
					<hr/>	<hr/>

Journeys.

					<i>Ambulances.</i>	<i>Cars.</i>
Patient-carrying	...	...	...	...	6,036	6,440
Fruitless and service	...	...	...	...	332	1,045
Midwifery apparatus, etc.	...	...	...	...	34	761
					<hr/>	<hr/>
			Total	...	6,402	8,246
					<hr/>	<hr/>

Mileage.

Ambulances ... 84,310 ; Cars ... 111,365 ; Total ... 195,675.

Co-operation, etc.

During the year it was possible to make use of train or bus for 84 patients travelling to distant points, and arrangements were made when necessary for their reception at the other end of the journey. Co-operation with the Railways, and with Hospitals and other Local Authorities continues to be satisfactory.

X.—SANITARY CIRCUMSTANCES AND AND FOOD INSPECTION.

BY

MR. S. PRIME, CHIEF SANITARY INSPECTOR.

SANITARY INSPECTION OF THE TOWN.

The number of complaints received and investigated during the year was 1,717, chiefly relating to housing disrepair.

INSPECTIONS AND NOTICES.

Informal and Statutory Action.

During the year, 1,508 Preliminary and 77 Statutory Notices were served under the provisions of the Public Health Act upon owners, agents and tenants, requiring the repair of dwellings, drains, sanitary conveniences, etc., and the abatement of nuisances.

Visits and Remedies.

10,883 visits were made under the Public Health Acts, Housing Acts or Local Acts, and particulars of the work that has been carried out in compliance with the requirements of either Preliminary or Statutory Notices are contained in the following table :—

Dwelling Houses.

Roofs	....	....	Stripped and re-slatted	....	....	21
			Repaired	....	....	140
Chimney stacks	....	....	Rebuilt	....	....	26
			Repaired	....	....	14
			Pots renewed	....	....	28
Eavesgutters	....	....	Provided	....	....	2
			Renewed	....	....	34
			Repaired	....	....	76
Rainwater pipes	....	....	Provided	....	....	5
			Renewed	....	....	28
			Repaired	....	....	69
Walls....	....	....	Rebuilt	....	....	8
			Repaired	....	....	19
Plaster	....	....	Ceilings renewed	....	....	8
			Ceilings repaired	....	....	59
			Walls plastered	....	....	106
Floors	....	....	Relaid	....	....	20
			Repaired	....	....	36

Stairs	....	....	Repaired	....	....	....	5
Firegrates	....	....	Renewed	....	....	....	16
			Repaired	....	....	....	30
			Domestic smoke nuisances abated	....			7
Windows	....	....	Renewed	....	....	....	20
			Repaired	....	....	....	38
			Sashcords renewed	....	....	....	129
Doors	....	....	Repaired	....	....	....	2
			Renewed	....	....	....	2
Wash coppers	....		Renewed	....	....	....	1
			Repaired	....	....	....	10
Water supply	....		Town supply provided	....	....		10
			Polluted well closed and Town water provided	....	....	....	1
			Fittings repaired or renewed	....			41
Sinks	....	....	Provided	....	....	....	24
			Renewed	....	....	....	8
Waste pipes....	....		Provided	....	....	....	2
			Renewed	....	....	....	30
			Repaired	....	....	....	17
Drains	....	....	Provided	....	....	....	55
			Reconstructed	....	....	....	39
			Repaired	....	....	....	31
			Cleansed....	....	....	....	346
			Manholes provided	....	....	....	38
			Soil pipes provided	....	....	....	39
			Soil pipes renewed or repaired	....			10
			Ventilation shafts renewed or repaired				26
			Inspection chamber covers renewed....				13
Water closets	....		Additional provided	....	....	....	54
			W.C. structures rebuilt	....	....		14
			W.C. structures repaired	....	....		69
			Fittings renewed	....	....	....	110
			Fittings repaired	....	....	....	118
Paving	....	....	Yard paving repaired....	....	....		16
			Yard surfaces repaired	....	....		4
Dust bins	....	....	Provided	....	....	....	510
Offensive accumulations removed				....	....	....	5
Nuisances from keeping of animals abated				....	....	....	1

HOUSING.

Housing Act, 1936, Section 11.

[illegible]

The following information is supplied by Mr. J. P. Moyle, Estates and Housing Director :—

(a)	Number of Houses owned by the Local Authority on a weekly rental	....	....	....	....	....	10,243
	Being purchased on the instalment system	....	....				34
(b)	1.	Held under Part III of the Housing Act, 1925	....				7,955
	2.	Held under Part II of the Housing Act, 1925	....				1,248
	3.	Held under other powers :—Housing Act, 1919	....				709
		Housing Act, 1923	....				187
		Other Acts Non-Assisted					144
(c)	Houses built in the last two years :—						
	1.	Held under Part III of the Housing Act, 1925					
		Built during 1951	....				736
		Built during 1952	....				606
	2.	Held under Part II of the Housing Act, 1925					
		Built during 1951	....				—
		Built during 1952	....				—
	3.	Held under other powers	....	....	....	....	—

Number of New Houses erected during the Year 1952.

(a) Total including numbers given separately at (b) :—				
1.	By the Local Authority	....	....	606
2.	By other Local Authorities	....	....	—
3.	By other bodies and persons	....	....	91
(b) With State Assistance under the Housing Acts :—				
1.	By the Local Authority	....	....	606
(a)	For the purpose of Part II of the Act of 1925....			—
(b)	For the purpose of Part III of the Act of 1925....			606
(c)	For other purposes....	....	....	—
2.	By other bodies or persons	....	....	—

Houses Allocated during the Year for the foHowing purposes.

Condemned individual unfit houses under section 11, Housing Act, 1936	....	....	....	....	....	....	9
Overcrowding	....	....	....	....	....	....	—
Tuberculosis....	....	....	....	....	....	....	7
Town Improvements	....	....	....	....	....	....	12

COMMON LODGING HOUSES.

Number on Register	....	....	....	....	....	3
Number of rooms registered for sleeping	....	....	....	....	....	37
Number of lodgers provided for	....	....	....	....	....	274

These premises have been regularly inspected throughout the year and they are being maintained in a satisfactory condition.

VERMINOUS PERSONS AND PREMISES.

Suitable eradicated treatment was carried out in 47 privately-owned houses. No charges are made by the Corporation for this service.

OFFENSIVE TRADES.

The number of offensive trades carried on within the Borough is eleven, registered as follows :—

Fat Extractor	....	....	....	....	....	1
Fat Melter	....	....	....	....	....	1
Fellmonger	....	....	....	....	....	1
Gut Scraper	....	....	....	....	....	1
Rag and Bone Dealer	....	....	....	....	....	4
Soap Boiler	....	....	....	....	....	1
Tripe Boiler	....	....	....	....	....	2

These trades have been kept under close surveillance and no nuisance has arisen.

SMOKE ABATEMENT AND ATMOSPHERIC POLLUTION.

Attention has again been given throughout the year to the problem of reducing the quantity of smoke from industrial boilers. Fifty-two observations of chimneys were made, and where smoke was being discharged in excessive quantities, the matter was taken up with the firms concerned, and it is gratifying to note that as a result of the discussions which took place, among the positive steps which were taken to reduce pollution, four mechanical stokers with boiler house instruments were installed, and three boilers which were being worked beyond their normal loads were replaced with boilers of a greater capacity.

The average monthly deposits collected in the atmospheric pollution gauges, which are maintained by the Health Department in co-operation with the Department of Scientific and Industrial Research, are shown in the following summary :—

Summary of Observations for the Year 1952.

Summary of Observations for the Year 1952.

Month	DERWENT HOSPITAL				SINFIN				OSMASTON				CENTRAL POLICE STATION			
	Rainfall in Inches	Monthly Deposit in Tons per Square Mile			Rainfall in Inches	Monthly Deposit in Tons per Square Mile			Rainfall in Inches	Monthly Deposit in Tons per Square Mile			Rainfall in Inches	Monthly Deposit in Tons per Square Mile		
		Total Soluble Matter	Total Insoluble Matter	Total Solids		Total Soluble Matter	Total Insoluble Matter	Total Solids		Total Soluble Matter	Total Insoluble Matter	Total Solids		Total Soluble Matter	Total Insoluble Matter	Total Solids
January ...	1.65	5.93	4.06	9.99	2.05	7.49	12.52	20.01	1.91	69.47	86.99	2.48	8.77	12.17	20.94	
February	0.58	4.61	2.64	7.25	—	—	—	—	0.50	44.47	56.87	0.65	7.94	15.52	23.46	
March ...	2.17	7.11	7.04	14.15	2.09	8.60	13.81	22.41	2.09	38.81	53.43	—	—	—	—	
April ...	1.75	5.08	7.11	12.19	1.64	6.13	13.01	19.14	1.58	37.84	49.33	1.81	7.26	18.01	25.27	
May ...	2.53	7.01	8.06	15.07	2.25	6.22	11.98	18.20	2.09	34.40	45.79	2.36	7.94	12.27	20.21	
June ...	2.84	5.76	9.85	15.61	2.50	4.73	9.60	14.33	2.61	36.89	46.90	2.63	7.67	16.06	23.73	
July ...	1.56	1.90	6.67	8.57	1.23	1.97	9.50	11.47	1.50	29.44	35.98	1.94	2.99	9.39	12.38	
August ...	—	—	—	—	1.47	4.97	5.92	10.89	1.56	36.18	45.31	1.71	4.88	8.08	12.96	
September	1.43	4.54	5.28	9.82	1.19	5.24	9.73	14.97	1.16	45.55	56.16	1.39	6.60	13.14	19.74	
October ...	2.47	6.60	4.20	10.80	2.60	10.99	12.46	23.45	2.31	57.37	75.33	2.79	11.66	17.12	28.78	
November	1.49	5.89	2.64	8.53	1.66	8.88	13.81	22.69	1.52	48.71	63.70	1.80	11.69	15.20	26.89	
December	2.10	12.76	8.70	21.46	2.63	17.12	16.03	33.15	2.50	89.54	114.81	2.73	16.82	17.47	34.29	

FACTORIES ACT, 1937.

There are 646 mechanical and 75 non-mechanical factories, including bakehouses, at present on the Register.

A summary of the particulars in compliance with Section 128 of the Act is shown in the following tables:—

Inspections.—Inspections made by Sanitary Inspectors.

<i>Premises</i>	<i>Number of</i>		
	<i>Inspections</i>	<i>Written Notices</i>	<i>Prosecutions</i>
Factories without mechanical power	83	7	—
Factories with mechanical power	717	35	—
Other premises under the Act (including works of building and engineering construction but not including out-workers' premises)...	—	—	—
TOTAL	800	42	—

Defects Found.

Particulars	Number of Defects				Number of Prosecutions
	Found	Remedied	Referred		
			To H.M. Insp.	By H.M. Insp.	
Want of cleanliness	3	3	—	—	—
Overcrowding	—	—	—	—	—
Unreasonable temperature	—	—	—	—	—
Inadequate ventilation	1	1	—	—	—
Ineffective drainage of floors	1	1	—	—	—
Sanitary Conveniences—					
(a) insufficient	12	15	—	—	—
(b) unsuitable or defective	111	93	—	5	—
(c) not separate for sexes... ..	1	1	—	1	—
Other offences against the Act (not including offences relating to out- work)	—	—	—	—	—
TOTAL	129	114	—	6	—

SHOPS ACT, 1950.

Five hundred and fifty-four visits were made during the year, concerning Section 38 of the Shops Act, 1950, which relates to ventilation, temperature, sanitary conveniences, lighting, washing facilities, and provisions for the taking of meals.

The following statement shows the work that has been done :—

Natural means of ventilation provided	....	....	....	....	1
Heating arrangements provided to maintain a reasonable temperature	....	....	....	....	2
Additional sanitary conveniences provided	....	....	....	....	6
Sanitary conveniences properly screened to secure privacy	....	....	....	....	1
Lighting provided in sanitary convenience	....	....	....	....	1
Sanitary conveniences repaired and put in a satisfactory condition	....	....	....	....	11
Sanitary conveniences cleaned	....	....	....	....	24
Washing facilities provided	....	....	....	....	5
Instantaneous water heater provided	....	....	....	....	4
New sinks or wash basins provided	....	....	....	....	2
Shops redecorated	....	....	....	....	10
Staff rooms redecorated	....	....	....	....	4

SEWERAGE.

The following information is supplied by Mr. M. L. Francis, Borough Engineer and Surveyor :—

New Sewers laid during the year.

Ashbourne Road (36" Surface Water)	....	....	....	164 yards.
Mackworth Estate (15" to 9" Foul Sewers)	....	....	20,836	„
„ „ (54" to 9" Surface Water)	....	....	20,920	„
Norman Avenue	....	....	20	„
Sinfin Relief Sewer (51" to 18" Combined)	....	....	4,931	„
„ „ „ (39" and 42" Surface Water)	....	....	645	„

Manholes constructed during the year.

Mackworth Estate (Foul Water)	....	....	....	....	332
„ „ (Surface Water)	....	....	....	....	333
Sinfin Relief Sewer (Combined)	....	....	....	....	30
„ „ „ (Surface Water)	....	....	....	....	3
Ashbourne Road (Surface Water)	....	....	....	....	2
Rykneld Housing Site	....	....	....	....	5

Sewers cleaned out during the year.

The total length of sewers cleaned out represents 1,941 yards.

Number of Loads 103

Manholes cleaned out during the year 80

WATER SUPPLY.

The following information is supplied by Mr. I. G. Edwards, Water Engineer :—

The water supplied to the area has been satisfactory in quality, but, owing to the inadequate capacity of certain trunk mains, pressures have been poor in various high points in the area of supply.

Regular examination is made of the raw water and of the water going into supply. As all water is treated, the majority of samples are taken after treatment. A total of 565 Bacteriological, 70 Chemical and 276 pH and Hardness samples were taken, both at the Works and from various points in the area of supply. The results of a Chemical Analysis are attached hereto.

Only that portion of the supply obtained from the Derwent Valley Water Board is liable to plumbo-solvent action. Under the Derwent Valley Water Act, 1899, water supplied by the Board is required to be treated by them for the prevention of such action before the water is delivered to any of the constituent Undertakings.

All water is chlorinated before being passed into supply.

Example of recent chemical analysis of water supplied to the area.

	Parts per Million
pH Value	8.25
Total Solid Matter (dried at 180° C.)	105
Free and Saline Ammonia	—
Albuminoid Ammonia	0.02
Nitrogen as Nitrites	—
Nitrogen as Nitrates	—
Chlorine (present as Chloride)	15
Oxygen absorbed in four hours at 80° F.	0.42
— Temporary	15
Hardness — Permanent	40
— Total	55
Metals—Iron	—
Free Chlorine	0.04

(Signed) R. W. SUTTON,
Borough Analyst.

Supply.

Number of gallons of water supplied to Derby from	
Public Supply	3,266,047,000
Number of gallons per day per head of population	43.24
Percentage of total quantity from Derwent Valley Supply	80%

Used during the year.

	<i>Gallons.</i>
Sewer flushing....	872,100
Street watering	288,100
Steam rolling	42,500

REFUSE COLLECTION AND DISPOSAL.

The following information is supplied by Mr. A. Connor, Director of Public Cleansing :—

Refuse Collection.

House and Trade Refuse collected	37,257 tons.
Nightsoil	13 „
Trade Refuse delivered by tradesmen	—
Total	37,270 tons.

Refuse Disposal.

Refuse Disposal Works	14,884 tons.
Controlled Tipping—Alvaston Tip	29,622 „
Total	44,506 tons.

Extracted from Refuse and Sold.

Tins	361 tons.	Cinders	750 tons.
Iron	24 „	Food Waste	1,334 „
Waste Paper	494 „	(Concentrated)	
Textiles...	5 „		

Movable Ashbins provided.

Housing Committee	923
Private Owners	235
Total	1,158
Number of cats, dogs, etc., disposed of	3,324

Power Vehicles utilised for Cleansing Purposes.

1. Collection of Refuse and Salvage :—	
Petrol Motor	20
2. Street Cleansing and Watering :—	
Petrol Motor	2
Mechanical Gully Emptiers	3
Sweepers (Lacre)	2
Street Washing Machine	1

PREVENTION OF DAMAGE BY PESTS ACT, 1949.**Rodent Control.**

The work of rodent control has been systematically maintained throughout the year by the Rodent Control Officer, and the recommendations of the Ministry of Agriculture and Fisheries in regard to the methods of treatment for the destruction of rats and mice have been fully observed.

Five hundred and forty-seven infestations of rats and mice were dealt with at dwelling houses, 212 at business premises the majority being connected with the food trades, and 115 at Corporation premises, *i.e.*, markets, refuse disposal works, sewage works, schools, etc. The total number of visits made in carrying out test baiting, treatment, and post baiting in these infestations, including the regular routine inspection of all Corporation surface properties, was 8,501. Twelve groups of buildings were also surveyed and treated for infestations. Wherever it was possible to do so, the source of infestation was traced, because, unless this is done, particularly in built-up areas, treatment cannot always be thoroughly effective.

Bi-annual treatment of all the sewers in the Borough was also carried out. This is looked upon as a very essential part of rodent control as the sewers are one of the natural habitats of the rat, and many surface infestations arise through sewer and drain faults, in fact quite a number of these defects were located and remedied during the year. The following table shows the results of the test baiting and maintenance treatment of the sewers :—

AREA	<i>Test Baiting</i>	<i>Maintenance Treatment No. 1</i>								<i>Maintenance Treatment No. 2</i>							
		<i>Number of Manholes</i>								<i>Number of Manholes</i>							
			<i>1st day</i>			<i>2nd day</i>						<i>1st day</i>			<i>2nd day</i>		
	<i>Test Baited</i>		<i>Complete takes</i>	<i>Partial takes</i>	<i>No takes</i>	<i>Complete takes</i>	<i>Partial takes</i>	<i>No takes</i>				<i>Complete takes</i>	<i>Partial takes</i>	<i>No takes</i>	<i>Complete takes</i>	<i>Partial takes</i>	<i>No takes</i>
		<i>Prebaited</i>							<i>Number Poison baited</i>			<i>Prebaited</i>					<i>Number Poison baited</i>
Osmaston Ward...	38	90	19	5	66	16	8	66	24	89	6	-	83	6	-	83	8
Alvaston „ ...	28	101	9	11	81	13	6	82	20	67	20	-	47	15	5	47	20
Pear Tree „ ...	25	81	14	10	57	17	9	55	26	73	22	2	49	19	5	49	24
Arboretum „ ...	8	33	11	8	14	17	4	12	21	40	28	1	11	25	1	14	29
Normanton „ ...	35	204	17	7	180	17	7	180	24	80	30	1	49	28	1	51	31
Itchchurch „ ...	15	104	11	-	93	11	-	93	11	73	55	-	18	53	1	19	55
Dale „ ...	30	66	4	-	62	4	-	62	4	35	9	1	25	9	1	25	10
Babington „ ...	15	98	24	4	70	23	4	71	28	65	35	-	30	29	5	31	35
Castle „ ...	18	118	44	2	72	39	2	77	46	83	49	-	34	49	-	34	49
Abbey „ ...	10	83	26	4	53	22	3	58	30	58	24	-	34	23	-	35	24
Rowditch „ ...	25	190	26	10	154	29	5	156	36	98	43	-	55	36	6	56	43
King's Mead „ ...	18	151	81	1	69	82	-	69	82	87	55	-	32	53	2	32	55
Bridge „ ...	20	67	23	-	44	22	-	45	23	45	14	-	31	14	-	31	14
Friar Gate „ ...	20	149	36	1	112	37	-	112	37	75	29	1	45	22	8	45	30
Derwent „ ...	35	201	26	3	172	27	2	172	29	60	20	1	39	19	2	39	21
Becket „ ...	28	115	21	-	94	21	-	94	21	72	17	1	54	15	3	54	18
TOTALS ...	368	1851	392	66	1393	397	50	1404	462	1100	456	8	636	415	40	645	466

MEAT AND FOOD INSPECTION.

Meat.

A regional scheme of the Ministry of Food under the Livestock (Restriction on Slaughtering) Order, 1940, continues to be centred at the abattoir premises of the Corporation, the Derby Co-operative Society Limited, and the Wholesale Meat Sales Association Depot in the Morledge. Under this scheme all fresh and frozen meat which passes through these establishments is distributed in the County Borough of Derby, the Borough of Ilkeston, the Urban Districts of Alferton, Belper, Heanor, Ripley, Wirksworth, and the Rural Districts of Belper, Repton (North), and Shardlow. The responsibility for the inspection of this meat is placed upon the Health Department of the Corporation who provide the wholetime services of two qualified Meat Inspectors to undertake this duty.

Although many improvements have been effected in recent years to produce a cleaner and more wholesome meat supply, it is felt that there is unnecessary contamination through the unsatisfactory conditions which obtain at the Corporation Abattoir. The urgency of providing new modern hygienic premises cannot be overstressed, and I trust a start on the actual construction of the proposed new abattoir will not be long delayed.

The percentage of carcasses and offal condemned during the year for tuberculosis and other diseases shows little change with previous years.

Tuberculosis Order, 1938.

Sixteen cows were slaughtered under this Order, and the post-mortem examinations showed eight to be affected with generalised tuberculosis, and in the other eight the disease was localised.

Carcases Inspected and Carcases Condemned during 1952.

	<i>Cattle excluding Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>
Number Killed	11,495	6,350	10,157	62,552	19,707
Number Inspected	11,495	6,350	10,157	62,552	19,707
<i>All Diseases except Tuberculosis :</i>					
Whole carcasses condemned ...	8	64	552	216	51
Carcasses of which some part or organ was condemned ...	4,855		16	3,254	419
Percentage of the number in- spected affected with disease other than tuberculosis ...	27.60		5.59	5.54	2.38
<i>Tuberculosis only :</i>					
Whole carcasses condemned ...	29	176	4	1	29
Carcasses of which some part or organ was condemned ...	3,949		1	—	977
Percentage of the number in- spected affected with tuber- culosis	23.27		0.04	—	5.10

Classification of Diseases other than Tuberculosis in whole carcases and parts of carcases condemned.**Cattle.**

	<i>Totally Condemned</i>		<i>Part Condemned</i>	
	<i>Cattle excluding Cows</i>	<i>Cows</i>	<i>Cattle excluding Cows</i>	<i>Cows</i>
Oedema and emaciation	3	35	9	18
Septic Metritis	—	10	—	—
Slimy Degeneration	3	11	—	—
Septic Traumatic Pericarditis	—	3	—	—
Septic Peritonitis	1	1	—	—
Moribund	1	1	—	—
Difficult Parturition	—	1	—	—
Septicæmia	—	1	—	—
Uræmia	—	1	—	—
Injury and Bruising	—	—	133	152
Abscess Adhesions	—	—	14	30
Bone Taint	—	—	9	4
TOTALS	8	64	165	204

Sheep.

	<i>Totally Condemned.</i>	<i>Part Condemned.</i>
Oedema and Emaciation	180	71
Moribund	19	—
Pyæmia	5	—
Septic Metritis	3	—
Septic Mastitis	2	—
Difficult Parturition	1	—
Jaundice	1	—
Gangrene	1	—
Septic Pleurisy and Pneumonia	1	—
Septicæmia	1	—
Injury and Bruising	1	47
Moulds (Imported)	1	—
Abscess Adhesions	—	57
Putrefaction	—	20
Pleurisy	—	4
Malformation	—	1
Muscular Atrophy	—	1
Neoplasms	—	1
TOTALS	216	202

Pigs.

	<i>Totally Condemned.</i>	<i>Part Condemned.</i>
Oedema	21	8
Moribund	13	—
Swine Fever	5	—
Swine Erysipelas	4	—
Emaciation	3	—
Septicæmia	3	—
Pyæmia	2	—
Injury and Bruising	—	88
Urtcaria	—	16
Abscess Adhesions	—	9
Rickets	—	8
Putrefaction	—	3
Rheumatoid Arthritis	—	12
Blood Splashing	—	1
TOTALS	51	145

Calves.

	<i>Totally Condemned.</i>	<i>Part Condemned.</i>
Immaturity	413	—
Emaciation	30	—
Moribund	21	—
Enteritis	19	—
Oedema	10	1
Umbilical Pyæmia	21	—
Jaundice	4	—
Pneumonia	2	—
Injury and Bruising	1	6
Uræmia	1	—
Atrophy	—	1
Malformation	—	1
TOTALS	522	9

Weight of Meat Condemned.

			<i>Tons.</i>	<i>cwts.</i>	<i>qrs.</i>	<i>lbs.</i>
Beef	..	..	87	17	—	17
Mutton	..	..	5	15	2	1
Pork	..	..	6	7	3	22
Veal	..	..	8	—	2	3
Offal	..	..	92	15	1	2
Imported Meat	..	..	—	1	2	17
Imported Offal	..	..	—	11	—	5
TOTAL			201	9	—	11

The whole of this meat was processed for industrial purposes.

SLAUGHTER OF ANIMALS ACT, 1933.

Particular care is taken to see that all animals are handled and slaughtered in a humane manner. Stunning is carried out by the captive bolt pistol or the electrical method.

Licensed Slaughtermen.

New licences granted during 1952	....	6
Licences renewed during 1952	....	39
Licences in operation at end of year	....	45

GENERAL FOOD INSPECTION.

The wholesale provisions stores and the wholesale fish and fruit markets have been regularly inspected throughout the year. The following statement shows the food stuffs condemned as unfit for human consumption.

				<i>Quantity.</i>			
			<i>Tons</i>	<i>cwts.</i>	<i>qrs.</i>	<i>lbs.</i>	
Bacon	...	...	—	—	—	26	
Biscuits	...	...	—	—	3	12	
Bread	...	...	—	—	2	13	
Cake	...	...	—	—	3	27	
Cheese	...	...	—	12	3	21	
Cherries	...	...	—	—	1	7	
Chitterlings	...	...	—	2	1	8	
Confectionery	...	...	—	6	1	20	
Cooking Fat	...	...	1	6	—	9	
Dried Fruit	...	...	—	—	3	15	
Fish	...	...	—	13	3	22	
Flour	...	...	—	—	1	23	
Lettuce	...	...	—	1	2	24	
Meat Products	...	...	—	2	1	19	
Nuts	...	...	—	—	3	13	
Oatmeal	...	...	—	1	1	25	
Oranges	...	...	—	1	2	12	
Potatoes	...	...	1	7	—	—	
Poultry	...	...	—	2	—	26	
Pudding Seasoning	...	...	—	—	2	—	
Rabbits	...	...	—	8	2	16	
Rolled Oats	...	...	1	2	—	—	
Sausage	...	...	—	7	1	20	
Shellfish	...	...	—	6	—	20	
Sugar	...	...	—	5	1	24	
Miscellaneous Items	...	...	—	2	—	4	
Bottled Foods	...	...	...	...	855 bottles.		
Canned Foods	...	...	...	...	18,134 cans.		
Sausage Casings	...	...	...	...	50 bundles.		

The Corporation has a scheme for the sterilisation of kitchen waste, and all condemned food which is considered suitable for animal feeding is treated for this purpose.

Legal Proceedings taken during the Year ending December, 1952.

<i>Date</i>	<i>Offence</i>	<i>Result</i>
22/1/52	Selling milk not of the nature, substance, demanded, etc. (Section 3 of the Food and Drugs Act, 1938).	Fined £5 0s. 0d. Advocate's Fee £3 3s. 0d. Analyst's Fee including Certificates £6 6s. 0d.
30/7/52	Selling ice cream deficient of 34% of the proper proportion of fat. (Section 3 of the Food and Drugs Act, 1938).	No fine—discharged on payment of 25/- costs.
23/12/52	Selling pork sausage deficient of 20% of the proper proportion of meat. The Meat Products (No. 2) Order, 1952, (S.I. 1952 No. 1124).	Fined £5 0s. 0d. Advocate's Fee £3 3s. 0d. Costs £1 10s. 0d.

FOOD AND DRUGS ACT, 1938.

Inspection of Food Premises.

While there were no striking hygienic reforms in the food industry during the past year, consolidation and development of the work done in previous years was continued in this important part of the Sanitary Inspector's activities. Probably more than sixty per cent. of our time was devoted to this subject in visiting food preparing premises, restaurant kitchens, snack bars, canteens butchers', grocers', fishmongers', confectioners', and fruiterers' shops. In fact, in all, 2,665 visits were made. I am satisfied that regular visiting, and on-the-spot educative advice on matters of hygiene to food handlers, is far more effective than formal lectures, because you can get at those people with the "couldn't care less" attitude who are merely wage earners without any interest in their work, and who would never consider attending a food hygiene lecture.

The public can do much in their own interests to obtain a clean food service by refraining from shopping where the standard of cleanliness leaves something to be desired, and where food is carelessly handled or unnecessarily exposed to contamination. On the other hand, there are thoughtless people who lead their dogs into shops, handle and turn over food before making a purchase, cough near food without covering their mouths, and place dirty shopping baskets on the counter. All these things must be very annoying to the shopkeeper who has set out to attain a high standard of food hygiene, but is reluctant to reprimand any customer and cause offence with the subsequent loss of that customer's trade, which, in these days of keen competition, he can ill afford to lose.

With the tremendous increase in communal feeding in recent years, considerable attention has been paid during the year to regular inspection of factory canteens and kitchens, and it was pleasing to note the general improvement all round, both in the maintenance of cleanliness and the provision of up-to-date equipment and utensils. In five cases, new water-heating apparatus together with soap and towels was provided for the use of the kitchen staff. Keener attention was also paid to the storage of food in these canteens and, in a number of cases, new refrigerators were installed, for storing perishable foods, at the suggestion of this department. The increasing availability, too, of stainless steel utensils and containers has contributed quite considerably to this improved general cleanliness.

Among the things which have been done during the year to promote an improved standard of hygiene is the provision of 42 instantaneous water heaters in food premises.

MILK.

During the year, 168 samples of pasteurised milk, including 66 tuberculin tested (pasteurised), were submitted for both the Methylene Blue and the Phosphatase Tests. One sample failed the Methylene Blue Test and seven failed the Phosphatase Test. All milk supplied to schools in the Borough was sampled at least twice every month, and it is gratifying to report that all the samples passed the specified tests. Another feature to report is that the use of cardboard discs for sealing milk bottles has now been entirely discontinued by the processing dairies in the Borough, and all bottles are now sealed with metal foil caps. The amount of loose milk sold in the Borough was almost negligible, and the small number of retailers left selling loose milk are gradually being persuaded to go over to bottled milk.

A difficulty the dairies in the Borough had during the summer months was the quantity of raw milk arriving from outlying farms, sour, or on the point of souring. It can well be understood that no amount of pasteurisation can make sour milk into good milk, and particular care has had to be taken on the unloading platforms at the dairies to exclude such milk from the tipping tanks.

Bacteriological Examination of Milk.

The following are the details of the tests which have been carried out during the year.

Designation of Milk.	Number of Samples taken and Results.						
	Phosphatase.		Methylene Blue.			Turbidity.	
	Passed.	Failed.	Passed.	Failed.	Not carried out owing to shade temperature exceeding 65° F.	Passed.	Failed.
Pasteurised... ..	132	5	102	1	34	—	—
Tuberculin Tested (Pasteurised) ...	77	2	66	—	13	—	—
Sterilised	—	—	—	—	—	24	—
Tuberculin Tested...	—	—	37	4	—	—	—

Tubercle Bacilli Biological Tests.

Thirty-three samples of raw milk, including designated and non-designated milk, were submitted during the year for examination for the presence of tubercle bacilli, and all the samples were found to be free from infection.

THE MILK AND DAIRIES REGULATIONS, 1949.**THE MILK (SPECIAL DESIGNATION) (RAW MILK) REGULATIONS, 1949.****THE MILK (SPECIAL DESIGNATION) (PASTEURISED & STERILISED MILK) REGULATIONS, 1949.**

Summary of Registrations and Licences issued under the above Regulations.

Milk and Dairies Regulations, 1949.	<i>In the Borough.</i>	<i>Outside the Borough.</i>
Number of distributors on register	25	21
„ „ dairy premises on register	9	—

Milk (Special Designation) (Raw Milk) Regulations, 1949.

T.T. Milk—Dealers Licensed	19	11
Dealers (Supplementary) Licences	—	9

Milk (Special Designation) (Pasteurised & Sterilised Milk) Regulations, 1949.

Pasteurised Milk—Dealers (Pasteurisers)		
Licences	4	—
Dealers Licences	91	10
Dealers (Supplementary)		
Licences	—	5
Sterilised Milk—Dealers Licences	29	—
Dealers (Supplementary)		
Licences	—	1

ICE CREAM.

One hundred and seventy-three visits were made to ice cream manufacturing premises, and 417 to retail sale shops during the year, and the standard of personal hygiene, cleanliness of premises, utensils and equipment was generally very high throughout the trade.

Two manufacturers discontinued the cold mix method during the year in favour of pre-packed ice cream. There are now 12 manufacturers using the heat treated mix and six using a complete cold mix.

Owing to the shortage of raw materials, the minimum quantity of fat and milk solids, other than fat required to be contained in ice cream, was reduced as from the 7th July by the Ministry of Food from 5% and 7½% to 4% and 5%. Thirty-four samples were submitted for analysis, and the fat content varied from 3.3% to 13.8%, giving an average fat content of 8.3%.

Legal proceedings were instituted against a manufacturer in respect of one sample of ice cream which was deficient of 34% of the proper proportion of fat. The defendant was discharged on payment of 25s. 0d. costs.

One hundred and seven samples were submitted for the Methylene Blue Test and they were classified as follows :—

Grade I	....	....	....	80
Grade II	....	....	....	12
Grade III	....	....	....	8
Grade IV	....	....	....	7

The numbers of premises registered for the manufacture, storage and sale of Ice Cream are as follows :—

Number of premises registered for manufacture and sale during the year....	....	....	....	....	....	....	Nil.
Number of premises registered for sale only during the year....	39						
Number of registered premises for manufacture and sale discontinued during the year	....	....	....	....	....	2	
Number of registered premises for sale only discontinued during the year	....	....	....	....	....	....	2
Number of premises registered for manufacture and sale at the end of year	....	....	....	....	....	....	18
Number of premises registered for sale only at end of year....	417						

PUBLIC HOUSES.

The work of bringing these premises up to a good standard of hygiene has gone forward throughout the year, and, as outlined in the last report, attention has been given to the facilities available for cleansing drinking vessels, the type of pipes and the method used for drawing beer, and also the sufficiency and condition of the sanitary conveniences. Good progress has been made with the installation of fully sufficient means for cleansing drinking vessels where none existed before. There are still a number of licensed houses where the hot water supply over the bar washing sink is dependent on a living room firerange back boiler, and, as previously pointed out, this arrangement is not satisfactory to ensure that a continuous supply of hot water is always available particularly during the hours when trade is busy and also in the summer months when the general tendency is to let the living room fire go out. However, there is no legal standard on this point, and persuasion will still have to be used to get instantaneous water heaters put in, but I have no doubt that, in the course of time, we shall get the licensees concerned to see our point of view. Automatic glass-washing machines are now being used in one or two of the public houses, and it seems they are giving satisfaction. These machines are undoubtedly an asset, particularly during busy periods, and I am sure that we shall see more of them in the future. Amenities have also been improved by the construction of 35 additional water closets, and the re-conditioning of existing sanitary conveniences.

The following is a summary of the hygienic improvements which, in consultation with this department, have been carried out by the brewery companies, and I would like to add that I am indebted to them for their continued co-operation and goodwill.

A constant supply of hot water provided over the sink in the bars for cleansing drinking vessels	....	....	....	....	28
Complete washing facilities provided in bars (including sink, drainage and a supply of both hot and cold water)	....	....	....	....	15
Drainage provided to existing sinks	....	....	....	....	1
Lead beer supply pipes replaced with pipes of non-metallic contamination-resisting material	....	....	....	....	3
Food storage facilities provided	....	....	....	....	4
New or additional water closets constructed	....	....	....	....	35
New or additional urinals constructed	....	....	....	....	8
Urinals reconstructed	....	....	....	....	13
Sanitary conveniences screened to ensure privacy	....	....	....	....	25
Water supply laid on in urinals for cleansing purposes	....	....	....	....	20
Water supply laid on in cellars for cleansing purposes	....	....	....	....	13
Beer cellar floors relaid in concrete	....	....	....	....	16

REPORT OF THE BOROUGH ANALYST.

The following is a summary of the Report of the Borough Analyst, Mr. R. W. Sutton, B.Sc., F.R.I.C., for the year 1952.

1. During the year 1952, 431 samples were submitted under the Food and Drugs Act, 1938, consisting of 98 Formal and 333 Informal samples. This represents sampling at the rate of about 3.05 per 1,000 population.

2. Of the samples submitted, 36 were classed as adulterated or below standard, or as sold without full compliance with the Labelling of Food Order.

3. The various articles are listed in Table 1, which also includes a statement of the number of samples reported against.

TABLE 1.

<i>Article</i>	<i>Formal</i>	<i>Informal</i>	<i>Total</i>	<i>Adulterated or not up to standard</i>	<i>% Adulterated</i>
Almonds, Ground		1	1		
Aspirin Tablets		7	7		
Baking Powder		1	1		
Barley, Pearl		1	1		
Bicarbonate of Soda		3	3		
Blanc Mange Powder		4	4		
Cake & Pudding Mixtures		17	17		
Castor Oil		7	7		
Coco-nut, Desiccated		3	3		
Coco-nut, Sugared		1	1		
Chutney		2	2		
Coffee		1	1		
Coffee & Chicory Extract		10	10		
Cooking Fat		1	1		
Corn Flour		2	2		
Curry Powder		1	1		
Custard Powder		8	8		
Dressed Crab		1	1		
Epsom Salts		1	1		
Essences : Lemon		2	2		
Rum		1	1		
Raspberry		1	1		
Blackcurrant		1	1		
Strawberry		2	2		
Fish Paste		4	4		
Flour, Self Raising		11	11		
Food Colourings		3	3		
Fruit, Crystallised :					
Cut Peel		3	3		
Glace Cherries		2	2		
Fruit Curd	2	16	18	5	27.8
Fruit Juices : Tomato		1	1		
Orange		1	1		
Lemon		1	1		
Pineapple		1	1		
Gelatine		1	1		
Glucose		1	1		
Glucose Spread		1	1		
Gravy Powder		1	1		
Glycerine		6	6		

<i>Article</i>	<i>Formal</i>	<i>Informal</i>	<i>Total</i>	<i>Adulterated or not up to standard</i>	<i>% Adulterated</i>
Herbs, Dried		1	1		
Horse Radish Sauce		5	5		
Honey		3	3		
Ice Cream	34		34	3	8.8
Indian Brandy		2	2		
Jelly Compounds		3	3		
Jelly Crystals		4	4		
Jelly Tablets		7	7		
Lemonade Crystals		1	1		
Meat Paste		4	4		
Milks	15	82	97	13	13.4
"Morfat"		1	1		
Meringue Powder		2	2		
Milk, Condensed, Skimmed		1	1		
Minced meat		7	7		
Olive Oil		1	1		
Paraffin, Medicinal		3	3		
Pepper		7	7		
Pepper Compounds		5	5	1	20.0
Pickles		2	2		
Parsley & Thyme Stuffing		4	4		
Peanut Butter		1	1		
Rice		2	2		
Rice, Ground... ..		1	1		
Sago		3	3		
Sage & Onion Stuffing		3	3		
Salad Cream & Mayonnaise		2	2		
Sauce		2	2		
Sauce, Tomato		5	5		
Sausages, Beef	8		8		
Sausages, Pork	19		19	8	42.1
Sausage Meat: Beef	2		2	1	50.0
Semolina		3	3		
Soft Drinks:					
Non-alcoholic Ginger Wine		1	1		
Whole Orange Drink		1	1		
Soup Powder		3	3		
Spices: Cinnamon, Ground		1	1		
Ginger, Ground		1	1		
Mixed		1	1		
Nutmeg		1	1		
Spirits: Brandy	2		2		
Gin	3		3		
Rum	2		2		
Whisky	10		10		
Suet		3	3		
Synthetic Cream Powder		1	1		
Tapioca		1	1		
Tinned Foods:					
Meat		7	7	5	71.4
Soup		7	7		
Vegetables		3	3		
Meat & Vegetable Broth		1	1		
Spaghetti in Meat Sauce		2	2		
Wines: Port	1		1		
TOTALS	98	333	431	36	8.4

4. Milk Samples.

(a) Of the 97 samples examined, 13 (13.4 per cent.) were classed as adulterated or below standard. Six samples (6.2 per cent.) contained added water, one of these being also deficient in fat, and a further seven samples were deficient in fat only.

Particulars are given in Table 2.

TABLE 2.

<i>Serial No.</i>	<i>Formal or Informal</i>	<i>Nature of Adulteration</i>	<i>Observations</i>
928	Informal	Trace of added water.	
1100	Informal	9% Fat deficient.	
1102	Informal	13% Fat deficient.	
1105	Informal	8% Fat deficient; 5% deficient non-fatty solids.	Sample was sour when received and examination by Freezing Point test was therefore not possible.
1124	Informal	About 8% added water	Formal samples taken Nos. 1140, 1141.
1140	Formal	Not less than 10% added water.	} Follow No. 1124.
1141	Formal	Not less than 6% added water.	
1174	Informal	9% deficient in Fat and contained about 2% added water.	Formal sample taken No. 1209.
1209	Formal	Trace of added water.	Follows No. 1174. Cautioned.
1282	Informal	16% Fat deficient.	Formal samples taken Nos. 1294, 1295, 1296.
1294	Formal	10% Fat deficient.	} Follow No. 1282. "Appeal-to-Cow" samples also Fat deficient.
1295	"	7% " "	
1296	"	24% " "	

(b) "Appeal-to-Cow" Samples.

Five "Appeal-to-Cow" samples were examined—one of which was deficient in fat and one deficient in both fat and non-fatty solids. Application of the Freezing Point Test showed the samples to be free from added water.

(c) Samples deficient in non-fatty solids.

Twenty-seven samples, other than "Appeal-to-Cow" samples, were deficient in non-fatty solids, but application of the Freezing Point Test showed them to be free from added water.

(d) The average composition of all milks during the year was as follows :—

Non-fatty solids	....	....	8.56 per cent.
Fat	....	....	3.41 per cent.
Total solids	....	....	11.97 per cent.

5. Samples other than Milk.

(a) During the year, 334 samples other than milk were examined and 23 samples listed in Table 3 were reported against.

TABLE 3.

<i>Serial No.</i>	<i>Formal or Informal</i>	<i>Article</i>	<i>Nature of Adulteration</i>	<i>Observations</i>
948	Formal	Pork Sausages ...	8% deficient in Meat.	Cautioned.
949	Formal	Pork Sausages ...	15% deficient in Meat.	Cautioned.
950	Formal	Pork Sausages ...	12% deficient in Meat.	Cautioned.
952	Formal	Pork Sausages ...	3% deficient in Meat. Preservatives declared to be present, but none found on analysis.	
940	Informal	Pepper Compound ...	Label did not comply with the requirements of the Labelling of Food Order.	
1008	Informal	Orange Curd ...	Slightly deficient in Fat.	
1016	Informal	Pork Luncheon Meat	Evidence of putrefactive decomposition.	Suggested seizure and destruction.
1017	..			
1018	..			
1019	..			
1021	..			
1022	Formal	Beef Sausage Meat...	14% deficient in Meat.	Suggested caution and further sample.
1024	Formal	Ice Cream ...	34% deficient in Fat.	Case proved. Defendant paid 25/- Costs.
1042	Formal	Ice Cream ...	Deficient in Sucrose and Milk Solids.	Suggested Caution.
1071	Formal	Pork Sausages ...	Preservatives declared, but none found on analysis.	Suggested Caution.
1075	Formal	Pork Sausages ...	6% deficient in Meat.	Suggested Caution and further sample.
1092	Informal	Lemon Cheese ...	About 17% deficient in Fat.	Formal sample taken No. 1123.
1125	Formal	Ice Cream ...	About 9% Fat deficient	Cautioned.
1123	Formal	Lemon Cheese ...	20% deficient in Fat.	Follows No. 1092. Representations to manufacturers. Further sample taken, No. 1233.

<i>Serial No.</i>	<i>Formal or Informal</i>	<i>Article</i>	<i>Nature of Adulteration</i>	<i>Observations</i>
1210	Informal	Lemon Curd ...	Examination showed presence of mould.	Stocks held by vendor examined and other jars withdrawn from sale.
1229	Formal	Pork Sausage ...	6% deficient in Meat. Preservatives present without declaration.	Cautioned.
1230	Formal	Pork Sausage ...	20% deficient in Meat. Preservatives present without declaration.	Fine £5. Costs £4 13s. 0d.
1233	Formal	Lemon Cheese ...	25% deficient in Fat.	Representations to manufacturers and formula altered.

(b) Sausages.

Eight samples of Beef Sausages proved to be satisfactory, but of the nineteen samples of Pork Sausages, eight were deficient in meat. In most of these the deficiencies were not serious, but in one sample the deficiency amounted to 20 per cent. of the proper proportion of meat and proceedings were taken. The vendor was fined £5 together with £4 13s. 0d. costs.

One sample of Beef Sausage Meat was somewhat deficient in meat.

(c) Ice Cream.

Ice Cream samples were generally satisfactory—only three of the thirty-four samples failing to reach minimum requirements of the Food Standards (Ice Cream) Order. One sample was seriously deficient in fat and proceedings were taken. The defendant was ordered to pay 25s. 0d. costs.

(d) Pork Luncheon Meat.

Five samples of Canned Pork Luncheon Meat showed evidence of putrefactive decomposition and were reported as unfit for sale for human consumption.

(e) Fruit Curd.

Eighteen samples were examined and five reported against. One sample of Orange Curd was slightly deficient in fat and three samples of Lemon Curd were more seriously deficient in fat. The manufacturers could not give a satisfactory explanation and asserted that their recipe had not been altered and was one which was designed to meet the requirements of the Order. Further samples of this particular brand need to be taken.

One sample of Lemon Curd was mouldy and the stock held by the retailer was examined. Other jars also showing mould growth were withdrawn from sale.

(f) Preservatives.

Two samples of Pork Sausages were declared to contain preservative, but no preservative was found on analysis, and two samples were found to contain preservative but were sold without any declaration of the presence of preservative. In the last two samples the proportion of preservative was not excessive and no offence would have been committed if the presence of preservative had been declared at the time of sale.

With the above exceptions, samples complied with the Public Health (Preservatives in Food) Regulations.

6. Fertilisers and Feeding Stuffs Act, 1926.

During the year, 47 samples as listed below were submitted for examination under the above Act.

Fertilisers.

Compound Fertiliser	....	....	17
Compound Liquid Manure	....	....	2
Dried Blood	....	....	2
Ground Phosphate	....	....	1
Muriate of Potash	....	....	2
Nitro Chalk	....	....	1
Sulphate of Ammonia	....	....	2
Superphosphate	....	....	1

Feeding Stuffs.

Compound Cake	....	....	2
Compound Meal	....	....	8
Poultry Food	....	....	9
			<hr/> 47 <hr/>

Fertilisers.

Of the 28 samples examined, four samples were deficient in one or other of the valuable constituents. A *Turf Fertiliser* was deficient in Insoluble Phosphoric Acid—the deficiency amounting to 30 per cent. of the amount guaranteed in the Statutory Statement. Three samples of *Compound Fertiliser* were deficient in Potash.

Feeding Stuff.

Five samples of Feeding Stuffs were reported against as being of lower quality than indicated by the guaranteed percentages of Oil, Albuminoids and Fibre.

7. Miscellaneous.

The miscellaneous analytical work included a sample of well water, samples of ammonia and San Izal taken under the Pharmacy and Poisons Act, samples of swimming bath water, and one sample of kitchen waste.

(Signed) R. W. SUTTON,

Borough Analyst.

APPENDIX.

Survey of Local Health Services within the County Borough of Derby.

GENERAL.

1. Administration.

The Local Health Services are administered by the Health Committee and its sub-committee, the Health Services Sub-Committee. Originally, soon after 1948, the following sub-committees were appointed—Welfare Sub-Committee, Maternity and Child Welfare Sub-Committee, Mental Welfare Sub-Committee, and owing to overlapping of the business concerned, and to the short agendas, it was recently decided to amalgamate these three sub-committees into the Health Services Sub-Committee which is well attended and has a full agenda. The Health Committee and Health Services Sub-Committee meet monthly. The Local Dental Committee, the Local Medical Committee, No. 4 Hospital Management Committee (Mental Hospital) and a local voluntary association for mental welfare are each represented on the Health Services Sub-Committee by one co-opted member. The Ambulance Service has been delegated to the Transport and Cleansing Committee for its day-to-day running, but the Health Committee receives a monthly report of the service and is responsible for appointments within the service, and general policy. The Medical Officer of Health is the Officer responsible for the administration of all medical services carried out by the Local Health Authority, and is responsible for the control, supervision and co-ordination of the various sections within the department, and also for co-ordination with other parts of the National Health Service. There are no joint arrangements with other Local Health Authorities.

2. Co-ordination and Co-operation with other parts of the National Health Service.

The Medical Officer of Health is a member of the Local Medical Committee for General Practitioners and also attends the Local Executive Council as an observer, thus effecting adequate co-operation with the General Practitioners. Any difficulties or improvements are discussed at the Local Medical Committee, and on numerous occasions joint letters have been sent out to all General Practitioners in the area calling their attention to various matters and informing them of specific services available to them. The opportunities afforded at the Local Medical Committee for discussion are considered to be one of the most fruitful sources of co-operation between the Health Department and the Local General Medical Practitioners.

The Medical Officer of Health is a member of the Local Obstetric Committee and is also a member of the Liaison Committee between Medical Officers of Health in the Sheffield Regional Hospital Board's area and the Medical Officers of the Sheffield Regional Hospital Board. This Liaison Committee is considered to be most useful and an excellent place for discussion of Local Health Authority problems as they affect the hospital services.

With regard to hospital services, *ad hoc* committees, consisting of Consultants interested in immediate problems, and the Medical Officer of Health, have met on numerous occasions to deal with purely local matters. Day-to-day administrative problems concerning the local hospitals and the Local Health Authority have been found to be best dealt with by friendly and informal meetings between the Medical Officer of Health and the Secretaries of the various Hospital Management Committees. Once a problem has been stated, it has been found by the Local Health Authority that there is always a desire on the part of the Hospital Authorities to co-operate wherever possible, and it is considered that discussions at Officer level are very often more successful and speedier than a Committee approach.

The Maternity Officer of the Local Health Authority regularly visits a hospital dealing with the largest intake of maternity cases and discusses both administrative and clinical problems with the hospital staff. Furthermore, Ear, Nose and Throat, Orthopædic and Ophthalmic Consultants regularly attend the main school clinic, and thus afford contact between them and the Local Health Authority's Medical Officers.

Health Visitors, District Nurses and School Nurses employed in the Local Health Service are frequently in touch with General Practitioners and are only too ready to co-operate with those General Practitioners who desire their co-operation. It is felt, however, that there could be more co-operation if the General Practitioners were more conscious of the facilities available and showed a greater readiness to use those facilities. It is possible that this reluctance on the part of some General Practitioners to avail themselves of Local Health Authority Services may be due in part to competitive practice which may evoke a fear that Local Health Authorities are intruding on their services. This reluctance on the part of the General Practitioner manifests itself mostly with regard to midwifery and care and after-care of his patients. The Local Health Authority feels that in the fields of Pediatrics, Geriatrics, Diabetics and Peptic Ulcer much more could be done to alleviate suffering and reduce the demand for in-patient accommodation by greater use of the Health Visitors' skill, and with this in mind, the Local Medical Committee agreed to co-operate and work with the Health Visitors, but unfortunately, the scheme was not received favourably by Hospital Consultants. The scheme,

to be really effective would require that the Health Visitor should visit these particular types of patient in hospital and also after discharge. The scheme therefore is at the moment held in abeyance. Although there is a large measure of co-operation between the hospitals and General Practitioners with the Local Health Authority, it is felt that this could be much increased, and that the main drawback is a lack of knowledge on the part of these two services of the actual work carried out by the Health Department, whereas the staff of the Health Department are well aware of the services provided by hospitals and General Practitioners, having worked in those services. In my view, the best way to secure better co-operation is to see that every medical student spends some part of his training in a Health Department, and thus becomes cognizant of its various Officers and their duties.

With regard to steps taken to inform General Practitioners, this is effected with the co-operation of the Local Medical Committee, by means of meetings and circulars. With regard to the General Public, booklets are available describing the services provided. The department works closely with the local press and numerous articles have been published describing the services, both factually and in story form. As an example, a weekly article covering three columns was provided for 33 weeks by the Health Visitors of the department, and it was considered that the public, especially mothers with children, appreciated these articles. Numerous lectures are given by myself and members of the staff when every opportunity is taken of providing information and guidance.

3. Joint Use of Staff.

No General Practitioners work for the Local Health Authority on a part-time or sessional basis as the Authority's establishment for medical staff is full. It has been mentioned previously that the Maternity Medical Officer attends weekly at the City Hospital to follow up her patients and to discuss both administrative and clinical problems with the hospital staff. A Consultant Obstetrician employed by the Regional Hospital Board attends a fortnightly clinic run by the Local Health Authority, and the Psychiatrist employed by the Regional Hospital Board attends twice a week at a child guidance clinic run by the Education Committee. Furthermore, a Consultant Ophthalmologist, ear, nose and throat Consultant and Orthopaedic Consultant are employed by the Board and attend the Local Authority's main school clinic. The Medical Superintendent of the Kingsway Mental Hospital is Consultant to the Local Health Authority on matters affecting mental health. Lastly, the Chest Physician employed by the Board gives three elevenths of his services for local authority purposes.

4. Voluntary Organisations.

Use is made of the Diocesan Association for Moral Welfare for the care of unmarried mothers. Various facilities offered by the local Red Cross are also taken advantage of and the services offered by various voluntary organisations with regard to the provision of convalescent homes are also used.

PARTICULAR SERVICES.

5. Care of Expectant and Nursing Mothers and Children under school age. Expectant and Nursing Mothers.

In the Borough there are five ante-natal clinics, at each of which post-natal care is also given. The functions of these clinics are as follows:—The constant supervision of expectant mothers, comprising medical examinations and the usual tests, including hæmoglobin estimations and urinary tests, etc., the taking of blood for WR and Rhesus, Dental Care, etc., instructions in hygiene, the use of gas apparatus, motherhood and infant care, and examinations by the midwife. Furthermore, should the patient require any other services such as home help, district nursing, almoner's aid, etc., these are made available. A Specialist Clinic, supervised by a Consultant Obstetrician employed by the Regional Hospital Board, is held fortnightly, and those patients attending the ordinary ante-natal clinics who are found to have any abnormality are referred for examination and advice. The ante-natal clinics have been well attended and during 1951, 1,128 women attended, making 5,829 attendances. Health education has been emphasised at the clinics and the course of lectures given there has been much appreciated and has received wide publicity. The lectures have been well attended and the teaching includes anatomy, physiology, psychology and preventive medicine in relation to pregnancy, labour and the infant. The teaching is done by the doctor in charge of the clinic. A few essential exercises are included. The City Hospital co-operates by sending as many as possible of their *primipara* cases to the Local Authority clinics for instruction. It is interesting to note that after these lectures patients are beginning to refuse anæsthetics in labour as they prefer to conduct their own labours themselves. In addition, as an indication of the close co-operation existing between the Local Health Services and the Hospital Services, many expectant mothers who have booked their confinement at the hospital attend the Local Authority ante-natal clinics. This is found to be more convenient for the mothers geographically, and helps to relieve the congestion at the hospital out-patient department. The administration is elastic, and where necessary, Local Authority cases attend the hospital ante-natal clinic. No assistance is given at clinics in General Practitioners' own premises.

Unmarried mothers attend the clinics, and if necessary, they are found accommodation before and after confinement at the hostel for unmarried mothers in Derby, or if considered necessary, they are sent to hostels in other parts of the country. Their moral welfare, and arrangements for adoption, etc., are carried out by a social worker employed by the Derby & South Derbyshire Moral Welfare Association. In 1951, five Borough residents were cared for in the hostel and four expectant mothers and one nursing mother were admitted to homes elsewhere. A stock of maternity outfits is kept at each ante-natal clinic, and a smaller stock is kept by each midwife at her home in case of emergency.

Child Welfare.

There are eight child welfare clinics within the Borough at which 16 weekly sessions are held, thus ensuring that a clinic is open each day of the week and they are staffed by doctors and health visitors. During 1951, 4,101 children (approximately one-third of the under five population) attended and made 17,166 attendances. Those children under five requiring specialised care are referred to the Consultant Clinics held at the main school clinic. The scheme for referring school children to hospitals by which the General Practitioner is first asked for his consent before sending a child into hospital has now been extended to children under school age. We have not had any instances where the General Practitioner has refused permission for the child to be referred to a specialist.

The arrangements for reports to be given from the hospitals have been carried out extremely well, and we have no complaint to make with regard to this at all. The Child Guidance Clinic is available for those children under five when considered necessary. All the Child Welfare Clinics provide dental care. With regard to liaison with hospitals it is found that reports from hospitals are readily available for children of pre-school age and where necessary, convalescent care and special educational treatment are made available when required.

The Local Health Authority provides information to the hospitals with regard to social conditions. In general, liaison with the hospitals and General Practitioners is very good. In spite of information freely given, there appears to be still some ignorance as to the full part played by the Local Authority Medical and Nursing staff, and there is still some fear on the part of certain General Practitioners that the Local Authority is taking over work with children which properly belongs to them. Generally speaking, however, advantage is taken of the Local Authority's provisions with regard to special care, convalescent treatment, Specialist Clinics, etc., and this appears to be increasing. No assistance is provided for clinics held by General Practitioners in their own premises.

Care of Premature Infants.

All premature infants born on the District go straight away into the premature ward at the Nightingale Maternity Home if they weigh at birth $4\frac{1}{2}$ lbs. or under. Any weakly baby weighing $4\frac{1}{2}$ — $5\frac{1}{2}$ lbs. is also taken to the Nightingale Maternity Home nursery within 12 hours of birth. The liaison between the health visitors and the premature nursery is extremely good. The health visitor is notified before the infant is discharged so that the home can be visited and prepared for the infant. Full details of difficulties in feeding etc., are given to the health visitor by the sister of the premature nursery.

With regard to those children nursed at home, special equipment is provided where necessary, such as a cot, blankets, hot water bottles, quilted gowns, etc. All the District Municipal Midwives have attended a special course on premature infants, thus enabling them to look after this type of infant efficiently and well. A number of the health visitors have also attended such courses and when the midwife ceases to attend, this type of health visitor continues to care for the child.

Supply of Dried Milks, etc.

The Local Health Authority does not itself sell proprietary brands of dried milk, but at each clinic the Ministry of Food distributes for sale, National Dried Milk and issues orange juice and cod liver oil. These foods are collected by Local Health Authority transport from the Ministry of Food offices for distribution to the clinics.

With regard to other substances such as Virol, Nestrovite, vitamen tablets, preparations containing iron, etc., these are provided and sold at each welfare centre.

Dental Care.

For the dental care of expectant mothers the attendance of a dental officer is made fortnightly at the five Municipal Ante-natal Clinics, for purposes of inspection only, while treatment for them is carried out at the dental department of the City Hospital. The treatment of nursing mothers is undertaken at the City Hospital and Temple House Clinics, and the treatment of young children is given at the Temple House Clinic in conjunction with that for school children. The equivalent of $5\frac{3}{4}$ sessions (slightly more than a half of one full-time officer's services) are spent in the fulfilment of all these duties.

There has not been any considerable increase in these arrangements since July, 1948, for the reason that prior to that date we had for some years given similar attention to these services.

With regard to young children, treatment mainly consists of the relief of pain and the removal of oral sepsis by means of extractions, and the demand for this is being fully met, but no opportunity is afforded for the conservation of the temporary dentition—any such expansion would require some increase in staff.

With regard to mothers, it is with some satisfaction—especially in the case of expectant ones—that, except for the small percentage of cases where proffered treatment is refused, we are able to render the mouths of these patients free from sepsis, and to provide dentures for those cases requiring them, but conservative measures have largely to be passed over. Patients are referred to their own dentists for this treatment under the National Health Service, but it is hardly likely that many follow this recommendation. Here again, an increase in services would be necessary before all required treatment could be dealt with.

To summarise, while these arrangements may be said to be reasonably adequate, in no sense can they be considered sufficient to meet the Authority's responsibility, namely, of providing comprehensive dental treatment for the priority classes. For the necessary expansion to do so, the following are the minimum requirements: The additional services equal to one-half of a full-time Dental Officer; with a similar amount of ancillary assistance, and, as all the Authority's dental premises are already being used beyond comfortable capacity, the provision of one additional dental treatment centre would be essential.

Other Provision.

Many other services are available for expectant and nursing mothers and young children. Convalescence is arranged for nursing mothers and young children when necessary, and accommodation is provided at the day nurseries for those mothers having their babies in hospital if no provision can be made for the children at home. Furthermore, priority is given to unmarried mothers for accommodation for their children in the day nurseries. Those children under five who are regarded as suitable are found accommodation at the Occupation Centre for mental defectives. Problem families are supervised by the health visitors and almoners. Again, the Home Help Service, District Nursing Service and Almoners' Service are at the disposal of the expectant and nursing mother and young children, if called upon.

6. **Domiciliary Midwifery.**

Up to April, 1952, the Midwifery Service was carried out by eight municipal midwives and five midwives employed by the Royal Derby and Derbyshire Nursing Association on an agency basis for the Local Health Authority. In April, 1952, the Royal Nursing Institute, the residential hostel owned by the above voluntary organisation, was acquired by the Local Health Authority and the staff employed directly by the Health Authority, hence the Health Authority employed thirteen midwives and one superintendent of a District Nurses' Home. It is interesting to note that since 1949 there has been no private midwifery service in the Borough. Each midwife having a car is provided with a car allowance and the others are given bicycles or bus checks for use on public transport. Midwives are assisted in the purchase of cars by the Local Authority lending the full value of a new car.

Until 1951, the Local Health Authority employed a non-medical supervisor of midwives, but when this officer resigned to take up another appointment she was replaced by a medical supervisor of midwives. The medical supervisor of midwives is also the Authority's Maternity Officer, and she supervises all the midwives practising in the area, as far as the rules of the Central Midwives Board require. All the midwives employed by the Health Authority have been trained in gas and air analgesia and Pethidine administration. During 1951, 603 patients received gas and air analgesia and 310 received Pethidine. It will have been noted above that the lectures given at the clinics have had an effect in tending to reduce the extent of analgesia on the District. There are twelve gas and air sets available and those midwives who have a car keep a set at their homes. The other sets are kept and maintained at the Central Ambulance Department and are transported by that department when called upon to do so.

Wherever possible, ante-natal examinations carried out by the midwives are done at the ante-natal clinics, but where it is found that the mother is unable to attend the clinic, the ante-natal examination is carried out at the patient's own home.

The co-operation with General Practitioners is on the whole good. Every General Practitioner in the area has been provided with complete details of the Local Health Authority's maternity services, in co-operation with the Local Medical Committee. The memorandum supplied to each General Practitioner gave a comprehensive description of the service and described the various ways in which the Practitioner and the Health Authority could co-operate with each other. This memorandum proved very useful as it removed ambiguities, and it has been helpful in furthering the co-operation and understanding which is so necessary in the maternity field. If any

particular problem has occurred, an *ad hoc* committee has been convened, consisting of the local Consultant Obstetrician, General Practitioner Obstetricians nominated by the Local Medical Committee, and the Medical Officer of Health to discuss it. These *ad hoc* committees are extremely useful and in my opinion are indispensable. They serve to better the service and weld together the separate members of the team.

Originally, health visitors and welfare officers carried out the social survey to determine which mothers should go into hospital on social grounds. In 1952, however, it was decided that the midwives should do this work and it has been a great success. The midwives are much happier because they have some say in who will stay at home and who cannot do so. It brings the district midwives in line with the hospital, and those patients who are unlucky enough to be sent home early know the midwives who come to look after them. In Derby, the social survey is carried out at the request of the hospital authorities, and it has been found that it is not necessary to continue the survey throughout the year as there are sufficient hospital beds within the area. The survey is only carried out during periods of booking stresses or other emergencies in the hospitals.

Three midwives are sent away annually for refresher courses.

Derby is a centre for Part II training for pupil midwives. The pupils are employed by the Local Hospital Management Committee and do part of their training in hospital. Whilst they are training on the district, they reside in the Local Health Authority's hostel, called the Royal Nursing Institute. Their salaries are provided by the Hospital Management Committee, but whilst they are working on the district, their board and lodging and transport are provided by the Local Health Authority. The academic lectures are given by the Sister Tutor employed by the Hospital Authorities, and the practical supervision whilst on the district is given by the Superintendent of the District Midwives Home. On an average, about twelve pupil midwives attend each course.

7. Health Visiting.

The Local Health Authority employs fifteen full-time health visitors for general duties, one full-time health visitor for infectious diseases visiting and two full-time health visitors for tuberculosis work. Of the fifteen health visitors, two give half their time to the school medical services and two health visitors employed in the school medical services reciprocate this time. The health visiting staff is supervised by a Superintendent Health Visitor, and the service is under the immediate supervision of the Deputy Medical Officer of Health.

With regard to the extent to which visiting is undertaken beyond visiting expectant and nursing mothers and young children, a start has been made in the visiting of old people. Old people found by the Welfare Department of the Authority to be in need of advice are referred by that department to the Health Department, and wherever possible, are visited by the health visitor. Very little has been done in giving advice to those who are ill, either mentally or physically, because of lack of staff. With our present limited staff it is found that nearly all of their time is spent in concentrating on the expectant and nursing mothers and children under five years of age. To carry out the full duties as laid down in the National Health Service Act would require an augmentation of staff, which at the moment is difficult, owing to economy measures. Wherever possible, the health visitors work in close co-operation with the local General Medical Practitioners, but again, this aspect is limited by the shortage of staff. Co-operation with local hospitals is maintained through the Local Authority's Almoners who work very closely with the hospital Almoners. The co-operation here is excellent and those cases found by our Almoners to need nursing advice are referred to the Health Visitors. There is no direct contact between the health visitors and the hospitals, but arrangements are in hand to amend this situation and it is hoped that the hospital authorities will favourably accept the health visitor as a useful ally. It has been found that it is almost impossible to recruit fully qualified health visitors, and hence the Authority have a scheme whereby student health visitors are appointed. Their training is assisted by the Authority paying two-thirds of their salary whilst training. No difficulty has been experienced up to date in finding suitable candidates, hence the establishment for health visitors in Derby is full, although, as previously mentioned, this establishment is far below what is necessary to carry out the duties of the National Health Service Act fully. Of our fifteen health visitors, six were recruited under this scheme. Each health visitor is allowed to attend a refresher course once in every five years.

8. Home Nursing.

The general arrangements for the service include an office at the Royal Nursing Institute which belongs to the Local Health Authority and messages can be taken any time during the twenty-four hours. Messages are also taken at the Health Department during office hours and are passed on to the Superintendent of the District Nurses without any delay. The staff includes—one Superintendent, ten part-time nurses, eight full-time nurses including two male nurses, which makes an equivalent of fifteen full-time staff. Nine of the nursing staff are on the telephone, and the staff are on duty from 8.30 a.m. until 10 p.m. Any emergency would be dealt with at any time during the night. On a request for a nurse to visit a patient the visit is made as soon as possible, unless the request is for the following day. The needs of the patient determine the number of visits made each day or week.

With regard to equipment, patients may borrow nursing equipment free of charge from the Royal Nursing Institute, or the Health Department in the Council House. Arrangements are made for the delivery of equipment to patients who have difficulty in getting someone to collect it for them.

The co-operation with General Practitioners is excellent. Of the 1,600 cases attended during 1952, 1,093 were sent by the doctors.

Liaison with hospitals is mainly through the hospital almoners and the Local Authority almoners. There are instances where the nursing staff find it necessary to have contact with ward or departmental sisters, and always they have been most helpful ; especially in instances of new drugs or treatments with which the district nurse is not familiar. Furthermore, patients discharged from hospital on Saturdays who have to have special dressings are given sufficient dressings for the district nurse to use on a Sunday. The reason for this practice is that very few General Practitioners hold a surgery between Saturday and Monday morning. Of the 1,600 cases attended in 1952, 383 were referred to the district nurses from the hospitals. It is interesting to point out that it is exceptionally rare for a case to be sent from the Children's Hospital. The following is a classification and proportion of the main types of cases attended in 1952 :—

Total number of new cases nursed	...	...	...	...	1,600
Divided as :—Medical	...	...	...	...	1,180
Surgical	...	...	...	...	383
Complicated Midwifery	...	...	...	...	21
Infants under 14 days	...	...	...	...	16
Number of visits to patients	...	...	...	...	52,783

Medical.

Malignant Neoplasms	...	...	...	...	...	72
Vascular Lesions affecting central nervous system	...	...	...	...	...	134
Arteriosclerotic and Degenerative Heart Diseases	...	...	...	...	...	152
Respiratory Diseases :—						
Pneumonia	...	...	...	...	...	73
Bronchitis	...	...	...	...	...	54
Others	...	...	...	...	...	44
Diseases of the Digestive System	...	...	...	...	...	126
Preparation for X-ray	...	...	...	...	...	128
Arthritis and Rheumatism	...	...	...	...	...	23
Ill defined	...	...	...	...	...	24
Senility	...	...	...	...	...	160
Tuberculosis	...	...	...	...	...	72
Diseases common among children	...	...	...	...	...	3
Others	...	...	...	...	...	115

Surgical.

Malignant Neoplasms	41
Mastoid	9
Veins	26
Appendicectomy, Hysterectomy and Hernia of Abdominal Cavity	176
Gall Bladder and Ducts	6
Genitals	42
Boils, Cellulitis, Abscess	44
Dermatitis, etc.	8
Breasts Abscess	31

Midwifery.

Complicated Midwifery	17
Threatened Miscarriages	3
Miscarriages	1
Infants under 14 days	16
The number of patients 65 years and over	779
The number of children under 5 years	25
Infants	16

A Five Year Survey of the number of cases attended and visits paid.

<i>Patients on the Register first day of the year.</i>	<i>New Patients.</i>	<i>Total Cases.</i>	<i>Visits.</i>
1948. 1/1/48 194 ... 4/7/48 130 ...	310 } 525 }	1,029	{ 7,880 15,982
1949. 178 ...	1,218	1,396	41,060
1950. 243 ...	1,487	1,730	44,467
1951. 240 ...	1,487	1,727	46,402
1952. 250 ...	1,600	1,850	52,783

There is no special provision for a night service, but as messages can be received at any time during the twenty-four hours, any emergency can be dealt with during the night.

No refresher courses have been arranged for nursing staff up to date, but this year, and henceforth, two of the staff will be sent away annually for such courses.

There are no arrangements locally for training District Nurses.

9. **Vaccination, Immunisation and Control of Infectious Diseases.**

Infectious Diseases.

The notification of infectious diseases by the General Practitioners and general hospitals is on the whole satisfactory, although a few Practitioners are rather lax in notifying promptly.

One health visitor is occupied full-time visiting infectious disease cases and others are employed part time during epidemics. These health visitors advise on nursing matters and the General Practitioners seem to appreciate their work. They also arrange, in co-operation with the General Practitioners, admission to hospital where necessary. The General Practitioners also call on the Health Department from time to time for a second medical opinion of doubtful cases.

The Infectious Diseases Hospitals notify the Health Department of all admissions and discharges so that cases and contacts can be followed up. These arrangements work fairly well, but occasionally effective preventive action is jeopardised by the delay in passing information to the Health Department. It should be emphasised to all concerned; private doctors, hospitals, and the general public how important early notification is in the control of infectious diseases. The public are informed of the services available by the entire Health Department staff at every available opportunity, and a small booklet listing these services is available for all who are interested. ("What does the Corporation provide? Look inside.")

Diphtheria Immunisation.

Parents have the opportunity of having their children immunised, either by their own doctor or Medical Officers of the Health Department. Last year, about 90% of all immunisations were done by the Health Department. Eighteen regular clinics are held by the Health Department at centres throughout the town for primary immunisation. Details of these clinics are given by the health visitors and school nurses on their domiciliary visits, and are advertised at the Health Office and in all the Child Welfare Centres and School Clinics.

A "birthday card" is sent through the post by the department to all parents whose children have not been immunised by one year of age. A leaflet stressing the importance of Diphtheria immunisation and a consent form are given to parents of all new entrants at all state infant and junior schools every year. The annual distribution of these forms is followed by visits of a Medical Officer to the school to carry out the necessary injections.

Several visits are made to each school each year. Boosting doses are given at the ages of 5 and 10 years, and children who are repeatedly absent are given a special appointment for them to attend at the Central Health Office on a Saturday. Independent schools are treated in a similar way, but it is usually found that the majority of the pupils are fully protected and the few unprotected ones are then invited to the Central Office Clinic. The teachers have co-operated well in this work, and over 90% of all school children are at present fully protected.

Whooping Cough Immunisation.

For the past few years this has not been pushed by the department, but has been done when parents have specifically requested it. Recently, however, it has been decided to advise it and it is given at the Diphtheria immunisation clinics. The staff of the Health Department are advising Whooping Cough Immunisation in young children between the ages of about six months and four years, but not encouraging it in older children. It is usually given combined with Diphtheria prophylaxis.

The Day Nurseries have been visited regularly every month for the last three years, and all children attending them are immunised against Diphtheria and Whooping Cough, subject to the parents' consent. So far, no children immunised against Whooping Cough in the day nurseries have developed the disease.

The General Practitioners in the town have varied opinions about Pertussis immunisation, some are advising it and some are discouraging it still.

Infant Vaccination.

Infants are vaccinated either by their own doctor or by appointment at certain immunisation clinics. Vaccination is encouraged by the Health Department staff in infants under one year of age, and leaflets are distributed to all mothers by the health visitor, or at the Infant Welfare Centres when their babies are about two months old.

10. Ambulance Service.

Analysis of Ambulance Service Mileage.

Classification.	1951.		1952.		Increase.	Decrease.
	Inside Borough	Outside Borough	Inside Borough	Outside Borough		
PATIENT-CARRYING						
Car	60,643		57,958			2,685
		43,569		47,259	3,690	
Ambulance ...	36,021		41,968		5,947	
		36,301		41,558	5,257	
OTHER MILEAGE.						
Car	6,730		6,136			594
		30		12		18
Ambulance ...	773		719			54
		31		65	34	
TOTAL MILEAGE.						
Car	67,373		64,094			3,279
		43,599		47,271	3,672	
Ambulance ...	36,794		42,687		5,893	
		36,332		41,623	5,291	
Total Cars	110,972		111,365		393	—
Total Ambs. ...	73,126		84,310		11,184	—
	<u>184,098</u>		<u>195,675</u>		<u>11,577</u>	

It will be seen that there is still a general tendency for calls on the service to increase, as will be evidenced from the increase in total mileage. The analysis discloses that whilst miles run within the Borough have increased by only $2\frac{1}{2}\%$ over 1951, miles outside the boundary are $11\frac{1}{4}\%$ up. The reason for this is the increased number of patients transferred from Derby hospitals to convalescent type hospitals in the County and sometimes at greater distances. A considerable saving of mileage is effected by the hospitals giving notice of discharges on the previous evening. Wherever possible, longer notice is given when patients should travel by rail, and during the year it was possible to send 84 cases in this way.

It is felt that sometimes transport for local out-patients is granted too freely, but it has been possible to arrange for public transport to be used on many occasions when the case has been discussed with the hospital authorities.

It should be mentioned that the long delays which are sometimes experienced in the hospitals hinder the early return of the ambulances to the Central Ambulance Department. There seem to be several causes for these delays, including no reception centre or the centre may be too small to take all the cases waiting for attention by the doctor. There also seems to be an acute shortage of porters, leading to the ambulance staff themselves having to "bed" or collect the patients to minimise the delay. In another instance, patients for the "chronic" part of a particular hospital have to be seen by doctors from the "acute" building across the road and consequently this means a further four miles journey to transfer the patient after examination.

The relationships with other parts of the Health Service, including other ambulance services are satisfactory.

11. Prevention, Care and After-Care.

Since the 5th July, 1948, co-ordination between the Chest Centre and the Medical Officer of Health's Department has been maintained at a high level. Liaison is close and there is a free and full exchange of information regarding Tuberculosis.

Prior to the 5th July, 1948, the full-time services of an almoner were available to the Chest Centre, and, at the inception of the National Health Service, this officer was retained on the staff of the Medical Officer of Health, and a second almoner was later appointed to assist him. The Chest Centre is visited regularly by the almoner or his assistant and they hold frequent consultations with the medical and nursing staff there. All Tuberculous patients in need of any of the services for which the Local Authority is responsible are referred to the almoner.

The Committee responsible for Care and After-Care is the Health Services Sub-Committee of the Derby Borough Council, and their monthly meetings are attended by the Chest Physician in an advisory capacity. Two Local Health Authority Health Visitors, who are engaged full-time on Tuberculosis work, are stationed at the Chest Centre under the control of the Chest Physician. Each does Clinic work and home visiting and this arrangement is designed to give the best results since both are kept up to date on the clinical side and patients profit by their greater knowledge of individual cases.

Examination of contacts.—All home contacts (and any other contacts for whom examination seems desirable) of new cases of Tuberculosis are urged by the Health Visitors from the Chest Centre to attend for examination by the Chest Physician, and contacts who remain exposed to infection are persuaded to attend, if they will, for further routine examinations at regular intervals. With very few exceptions, home contacts of tuberculous patients accept examination readily. The number of "Contact" examinations at the Chest Centre during 1952 was 921, which compares with 695 similar examinations in 1947 (the last full year before the commencement of the National Health Service).

The Derby Borough B.C.G. Vaccination Scheme provides for B.C.G. Vaccination of contacts of known cases of Tuberculosis, and good work by the Tuberculosis health visitors has contributed very largely to the excellent response obtained from tuberculous families. Since the commencement of B.C.G. vaccination at the Chest Centre in January, 1951, 323 contacts (mostly children under school-leaving age) have been vaccinated, 176 in 1951 and 147 in 1952. Of these, 33 (10 in 1951 and 23 in 1952) were new-born infants who were vaccinated at various Maternity Hospitals within 14 days of birth. There have been no abnormal reactions to vaccination and Mantoux conversion has been obtained in every case, although re-vaccination was necessary in two cases. A limiting factor in the successful operation of the scheme has been the lack of accommodation in which prospective vaccinees, living in contact with an infective case of Tuberculosis could be placed, thus ensuring the segregation required by the Ministry of Health. The unfortunate result of this is that such children, constantly exposed to infection and in greatest need of protection, are denied the immunity afforded by B.C.G.

A stock of back-rests, air cushions, beds, bedding, etc., is kept at the Derby Borough Health Department, and these are loaned to patients by the almoners, at the request of the Chest Physician or health visitors. Milk at reduced cost is obtainable for certain tubercular patients, through the almoner, in accordance with an income scale approved by the Health Services Sub-Committee. Grants of clothing, etc., are also made to patients by this Committee on the recommendation of the almoner, after consultation with the Chest Physician.

Housing conditions are reported by the Chest Physician to the Medical Officer of Health, with recommendations for priority re housing, in cases where patients suffering from active Pulmonary Tuberculosis are unsuitably housed. Until recently, the Derby Borough Housing Committee was prepared to consider recommendations from the Medical Officer of Health for priority rehousing of Tuberculosis cases only when they could be satisfied (*a*) that the patient was sputum-positive and (*b*) that overcrowding existed, but

condition (a) has now been widened to include Tuberculous patients considered by the Chest Physician to be "active" Pulmonary cases, and such cases who are living in overcrowded conditions are now acceptable to the Committee for priority re-housing, on the recommendation of the Medical Officer of Health. The Housing Committee has agreed to provide up to twenty-five accommodation units per annum for this purpose.

For a considerable period prior to the introduction of the National Health Service Act, the Authority had in force an active policy for the Care and After-care of persons suffering from Tuberculosis. This policy stemmed largely from the Ministry of Health Memorandum 266. T. and had led to the appointment of a qualified almoner in 1943 and the creation of a Care and After-Care Committee responsible through the Health Committee to the Council. There was thus ample experience on which to draw when the question of revising and extending the scheme arose in accordance with the directions given under Section 28 of the National Health Service Act. The revised scheme was duly submitted to and approved by the Minister and briefly it contained proposals for the improvement of Social and Industrial conditions for the patient and his immediate contacts. Wherever necessary, the patient's social conditions were to be improved by an emphasis on better housing, the provision of bedding, etc., extra nourishment and clothing, together with assistance which would in any way relieve the patient of worry and enable him to accept any treatment advised.

On the Industrial side, the question of the suitability of the patient's occupation was to be investigated and plans were to be made for a successful rehabilitation wherever possible. To achieve these aims, the Authority proposed to co-operate with the Tuberculosis Officer by arranging to have his services in an advisory capacity, to employ almoners, and to arrange for the Authority's Tuberculosis Health Visitors to spend part of their time working with the Chest Physician in the treatment centre. It was further decided that the Care and After-Care Committee should continue to function and remain responsible through the Health Committee to the Council. From the commencement, the closest co-operation has existed between the Chest Physician and the almoners, who are largely responsible for the Care and After-Care of patients. The system adopted enables the almoners to acquire first-hand information on the medical situation, the treatment proposed and an estimate of the results likely to be achieved. Perhaps the easiest way of describing the measures taken is to give briefly the procedure from the moment a diagnosis is made, and how the diagnostic, treatment, prevention, Care and After-Care Services are interlocked.

Mr. A. attends the Chest Centre on the recommendation of his General Practitioner. He is examined by the Chest Physician who diagnoses Respiratory Tuberculosis. Mr. A. is advised accordingly and is informed that a nurse will be visiting his home. The following day the health visitor calls and makes the necessary arrangements for his wife and family to be examined as "contacts". She also advises the family on the nursing routine to be adopted and instructs them on matters of hygiene. Meanwhile, a notification has been made to the Medical Officer of Health, and the almoner within whose area the case has arisen, consults the Chest Physician and the health visitor prior to visiting the family. The social worker's visit takes place within two or three days of diagnosis and in the privacy of the patient's home his problems are discussed. Should financial aid be required, the various sources are explained and an application for the special National Assistance is made. At the same time an application to the Local Authority for free milk may be completed and the need for the loan of beds or bedding investigated. In general, all immediate needs are met and the necessary confidence between patient and worker established. At this stage the almoner may find it necessary to think and act for the patient who is still suffering from the shock of diagnosis. However, over the next few weeks the patient is gradually brought to realise that the future is not so black as he imagined, his occupation, hobbies and ambitions are discussed and any particular interest is encouraged. Voluntary societies may be approached to provide materials for suitable hobbies, or the Education Department requested to provide text books for study purposes, or even assist financially in arranging for a correspondence course. Naturally, these activities are proceeded with only on the Chest Physician's approval, the aim being to occupy the patient's mind and also prepare him for the day he becomes fit to return to employment.

As treatment proceeds, various problems tend to arise. Mr. A. is admitted to Sanatorium, leaving his wife to cope with a growing family, and discord between husband and wife may easily occur, small matters being easily magnified beyond all recognition. It is the almoner's task to prevent these problems arising, and where they unfortunately do appear, to see they are resolved speedily before harm can be done. On discharge from Sanatorium, Mr. A. probably feels greatly improved physically and he becomes impatient to return to work. This period is undoubtedly a most trying one for him and it is essential that he be guided in a discreet manner and his interest held. However, the day arrives when the Tuberculosis Officer advises the almoner that Mr. A. will probably be fit for a return to work in the near future, and the question of whether he is to return direct to employment or be advised to attend one of the Ministry of Labour Rehabilitation Centres is discussed. If the latter course is considered advisable, Mr. A's co-operation is sought, the scheme is explained to him in detail and the necessary steps are taken. Frequently training courses in various trades are arranged to follow on the

period at the Industrial Rehabilitation Unit and some remarkable results have been obtained. Normally however, Mr. A's previous employers have been contacted whilst he is at the I.R.U. and a suitable job is usually forthcoming, the majority of employers to-day being only too willing to co-operate. This is from necessity a brief description of a typical case, and whilst it does not give detail, it may serve as an outline of the procedure adopted. Care commences from the diagnosis and After-Care continues to the point where the patient is once more established and able to provide for himself. Mention has been made that the authority are assisting patients by relieving them of worry, and amongst the many ways in which this is being done, an important one is that of providing a Home Help Service in cases where the wife or mother of a family is receiving domiciliary treatment and is required to rest. Frequently relatives are employed as Home Helps in these cases, though in others, suitable volunteer Home Helps have been found. These Home Helps are voluntary only in that they are prepared to enter tuberculous homes.

The problems which arise in connection with the Care and After-Care of the Tuberculous are many and varied. It is worth mentioning that the co-operation with all branches of the Health Services and other statutory and voluntary bodies is excellent. Mention must be made of the considerable assistance given to the Authority's workers by the National Assistance Board, who not only attend promptly to applicants' needs but also frequently act as a further channel of information. The Ministry of Labour have also given special care to the problems of the Tuberculous and with the Chairman of the Health Committee and the Senior Almoner, sitting as members of the Local Disablement Advisory Committee, it has been possible to achieve an easy two-way flow of information which is of practical value in the rehabilitation of Tuberculous patients. Considerable use has been made of the Voluntary Societies existing in the town, who have been assisting within the limits of their financial ability. The British Red Cross Society have given help by providing materials for diversional therapy, providing transport for aged or infirm relatives anxious to visit patients in Sanatoria, and by acting as a central clearing house for dealings with Service and Regimental Benevolent organisations. S.S.A.F.A. have also taken a keen interest in the Service and Ex-Serviceman's family, and together with the Personal Service League, they have given that help which it is impossible for a Local Authority to provide.

General Sickness.—The Authority took advantage of the permissive powers under Section 28 to introduce a Care and After-Care scheme for the general sick, based on experience gained in work for the Tuberculous. This scheme is set out to aid the patient by providing guidance and help through the services of trained almoners, who were expected to link up directly with

the hospitals, general practitioners and other health and social workers, thus ensuring continuity of care and after-care. The minimisation of personal anxieties, home difficulties, and other problems during illness and the convalescence stage, was considered most important if the maximum value of the treatment already given, or about to be commenced, was to be obtained.

Provision was made in the scheme for a preventive and recuperative convalescence service based on the recommendations of the Ministry of Health and the Association of Municipal Corporations. The scheme was put into effect immediately after the coming into force of the Act, and in order that the almoner might be afforded quick contact with all sources and be easily available to the public, a central office in the Council House was provided. Following meetings of the Medical Officer of Health and members of the Hospital Management Committees, the almoners met their colleagues within the hospitals and a system which allowed a two-way flow of information was introduced. Briefly, this enables the Authority to pass information regarding patients about to be admitted to hospital, or already in hospital, to the Hospital Almoner, and allows the hospital to report to the Authority's worker the diagnosis, relevant details of treatment and prognosis, together with any particular recommendations on cases about to be discharged to home care. This method, with a provision for the protection of confidence has proved most successful, and at all times co-operation between hospital and Local Authority has been close. As stated in the introduction, the object has been to ensure that the value of treatment is not lost and this section of the Health Department has concerned itself with the social factors influencing the patient's recovery. Particular emphasis has been placed on action which would remove anxiety, assist the patient to adjust himself to home life, and where necessary, to live with a continuing disability, and finally to strive for a successful rehabilitation. The department's almoners are in a position to call in the help of statutory and voluntary bodies and they are able to advise these bodies on the service the patient requires. In this way, the wastage of too many visitors from outside agencies is avoided, since each is called upon only when required. Contact with other workers of the Authority, *i.e.*, Health Visitors, District Nurses, Children's Officer, Education Department, Welfare Department, etc., is continuous and from these channels valuable information is obtained.

The case work procedure adopted is, briefly, to assist the patient over his immediate problems and thence to so discuss his future and encourage him, that inevitably he is planning his own recovery and rehabilitation. It is not unreasonable to claim that this medical social work, although undertaken with patients suffering from illness, is of a "preventive" nature as successful work rules out a relapse due to social factors. Further, by the very nature of the work the whole family is brought under observation and there have been frequent examples of preventive steps which have safeguarded family health.

Apart from this following up of hospital patients, the Authority's Almoners have been requested to provide social reports for hospital specialists anxious to obtain a full picture of the environmental background. These requests are becoming more and more frequent and apply particularly to those cases where social factors such as housing, occupation, family living standards, emotional disturbance, etc., play an important part.

The work with the hospitals naturally brought the almoners into closer contact with the General Practitioner and as a matter of policy, it was decided from the outset that the department would rely on the value of its work to attract the doctor's interest. It was considered likely that the latter would remain largely unimpressed by appeals for his co-operation, unless he first had proof that the department had something of value to offer him and his patient. Conversely, nothing would have ruined the scheme more quickly, than for the department to invite General Practitioners to make use of its services in the medical social field and then find the pressure of work more than it could cope with. Accordingly, progress in this field has been less spectacular than that in connection with the hospital and specialist services, nevertheless, it has been solid and steady. It was not intended that the Health Department Almoners should become general factotum for the General Practitioners, but rather that they should be called upon to carry out work which made full use of their training and skill. This has been achieved to a large extent and the nucleus of General Practitioners who made use of the service in early days has steadily grown. Several doctors, notably those with recent experience of hospital work and the teaching hospital in particular, have visited the department to discuss the service with the almoners and give their views on difficult cases which they believe might respond to social treatment.

STATISTICS.

NUMBER OF NEW CASES REFERRED TO THE AUTHORITY FROM THE FOLLOWING SOURCES DURING THE YEARS 1948-52.

	1948.	1949.	1950.	1951.	1952.
	<i>(six months)</i>				
Hospitals	31	161	443	323	519
General Practitioners	8	52	67	90	77
Chest Centre	85	118	180	128	124
Health Workers	5	21	64	59	47
Non-Medical Sources	3	11	64	77	62
	132	363	818	677	829

Convalescence.

It will be seen from the figures given below that those patients sent by the Authority cost on average less than £10 per case, the average stay being three weeks. When this is balanced against the cost of maintaining a hospital bed for one week, it will be obvious that preventive convalescence has not proved an expensive measure. In this respect, credit must be given to the doctor in general practice, who has exercised caution in selecting patients.

The Authority does not own, nor has it entered into any contractual arrangements with any particular convalescent home and no serious difficulty has been encountered in placing patients in suitable homes. Every effort is made to send a particular case to a home which will provide a conducive climate and a friendly environment, this is, of course, of paramount importance. The only cases in which real difficulty has been encountered have been those cases of acute or advanced cardiac diseases, and suitable homes for those cases are certainly rare and invariably they have long waiting lists. However, the number of heart cases sent to the Authority for convalescence has been slight, since it is a rule that any patient requiring medical or nursing treatment is ineligible. Such cases are, of course, dealt with through the Hospital Service. Slightly more than one-half of the patients recommended for convalescence have been sent through outside agencies such as Trade Unions, Voluntary Societies, etc., and this has meant a considerable saving to the Authority and a full utilisation of available sources.

The scheme has been effective in providing Care and After-Care for both the Tuberculous and the General Sick and is becoming progressively more effective in the Preventive and General Practitioner field.

Number of cases sent for convalescence at Local Authority expense,					
	1948-52	...	...	...	128
„ „ „ „	through Voluntary Agencies, etc.	...	...	...	133
Total number sent via all sources					261

Number of cases sent yearly at Local Authority expense and cost for each year :—

<i>Year.</i>	<i>No. of Patients.</i>		<i>£</i>	<i>s.</i>	<i>d.</i>
1948	...	10	...	97	8 4
1949	...	31	...	317	1 8
1950	...	39	...	343	3 11
1951	...	39	...	338	18 6
1952	...	9	...	12	3 4
128			£1,108 15 9		

Number of cases sent yearly via Voluntary Agencies, etc. :—

<i>Year.</i>		<i>No. of Patients.</i>
1948	...	Nil.
1949	...	29
1950	...	51
1951	...	35
1952	...	18
	Total	133

Free Milk.

During the period 5th July, 1948, to December, 1952, 551 Tuberculosis patients were assisted by the provision of free milk at the rate of two pints per day, the total cost being £3,341 18s. 0d.

Clothing, Bedding, etc.

During the same period, 64 Tuberculosis patients were assisted with items of clothing and bedding, etc., at a cost of £193 6s. 0d.

12. Domestic Help.

This service is usually requested by Doctors, Hospital Almoners, Welfare Officers, Health Visitors, Women's Voluntary Services, and the general public. In each case, a visit is made by the Supervisor to establish the degree of help necessary, to arrange and explain the duties of a Home Help, and assess the charge. A suitable Home Help is then assigned. Visits are made periodically to determine the necessity for the continuation of the service, or any change in circumstances. Help is sent into approximately 430 homes each week, about 85% of these are old age pensioners, patients discharged from hospital, and chronic invalids. For these people the Home Help does work about the home that the aged have difficulty in doing for themselves, *i.e.*, cleaning floors, windows, etc. The remaining 15% is composed of illness of short duration, and Tuberculosis cases. Tuberculosis cases are listed and sent to the Chest Centre periodically to establish if more help or less is warranted. The Home Helps who attend these cases are advised to have an X-ray every three months.

Home Helps attend Maternity cases for a period of 10 days during which time the Help carries out all the duties normally done by the mother. In the course of a few days the Supervisor pays a visit in order to see that everything necessary is being done and arrange for revision of the service should the need arise. Home Helps are carefully selected from a waiting list of persons who are interested in this type of work, and who have previous experience. It is found that middle-aged married women are most suited for these duties. Constant check is kept on the quality of work, and it has hitherto been found unnecessary to provide training. The Service employs 75 part-time Home Helps, and the demand on the service has steadily grown since 1948 as the following table shows.

<i>Applications Received (includes old cases).</i>	<i>Applications Withdrawn.</i>	<i>Full Fee Charged.</i>	<i>Reduced Fee Charged.</i>	<i>No Charge Made.</i>
1948 170	38	5	125	2
1949 520	64	44	389	23
1950 632	86	48	476	22
1951 651	51	56	533	11

There is every sign that this service will continue to expand as hospitals are discharging cases earlier, in order to obtain more accommodation at the hospitals, and many requests are being received from the hospitals for home help service, hence within a very short time more Home Helps will have to be employed.

13. **Health Education.**

Great emphasis has been placed by the Health Department on Health Education. This has been carried out by means of public lectures, lectures arranged with the Workers Educational Association and Nottingham University, and numerous lectures for voluntary organisations in the town. A series of lectures has recently been given on Food Hygiene at the Technical College, in association with the St. John's Ambulance Association, and the course was so successful that arrangements have been made for a series of lectures to be carried on permanently. Close co-operation has been maintained with the Local Press and numerous articles prepared by the department have been published free of charge by the press. Furthermore, the press have been very helpful in reporting public lectures given by various members of the department. Numerous health exhibitions and mothercraft competitions have been held in the Welfare Centres.

No specific action has been taken with regard to accidents in the home, except talks and posters at the Welfare Centres. The posters displayed at the Centres are usually issued by the Central Council for Health Education and the National Accident Prevention Society. An interesting exhibit model prepared by the health visitors depicting accidents in the home is now being shown at the Welfare Centres and is exciting much interest.

14. **Mental Health.**

(i) **Administration.**

(a) All the functions of the Local Authority and the Local Health Authority under the Lunacy and Mental Treatment Acts, 1890–1930, the Mental Deficiency Acts, 1913–1938, and Section 51 of the National Health Service Act, 1946, stood referred to the Mental Welfare Sub-Committee until 1952 when it was decided to amalgamate this Committee with other Sub-Committees into the Health Services Sub-Committee as mentioned previously. This Sub-Committee meets monthly and the Medical Superintendent of the local Mental Hospital, and a member of a local Voluntary Association are co-opted members.

(b) Mental Welfare is under the general supervision of the Medical Officer of Health. The Medical Superintendent of the Kingsway Hospital and the Senior School Medical Officer are both approved by the Local Authority for the purpose of giving medical certificates under the Mental Deficiency Acts, 1913–1938.

Up to May, 1952, the Local Health Authority employed a Mental Welfare Visitor who also acted as a relief Duly Authorised Officer. This Officer possessed a Social Science Diploma and had had two years' experience in training defectives in an institution, and seventeen years' experience in community care of mental defectives. On the death of this Officer it was decided to replace her with a Duly Authorised Officer, making an establishment of four Duly Authorised Officers. Whereas the Mental Welfare Visitor previously exercised supervision herself over all the mental defectives in the area, it was decided recently that all the Duly Authorised Officers should share in this type of work, together with their duties under the Lunacy Acts. Until April, 1951, the staff of the Occupation Centre for mental defectives were all unqualified. In April, 1951, a qualified supervisor holding the diploma of the Central Association for Mental Welfare and the Rachael McMillan Nursery School diploma was appointed. She is assisted by three unqualified staff, one member of which is a male. The three Duly Authorised Officers originally appointed were formerly Relieving Officers under the Social Welfare Committee. Owing to changes occasioned by retirement and death, the establishment now consists of four Duly Authorised Officers, *i.e.*, two male and two female.

(c) Co-ordination with the several Regional Hospital Boards and Hospital Management Committees is maintained by the visitation, supervision and report by the Duly Authorised Officers, of patients on licence or leave from institutions for mental defectives. Reports are also forwarded to the various hospitals and institutions for the information of the visitors when carrying out their duties under Section 11 of the Mental Deficiency Act, 1913. In this area, an average of eight persons per year go home on trial from the Kingsway Mental Hospital but are not notified to this department. They have to report to the Medical Superintendent of the Mental Hospital once weekly and my officers have no contact with these cases during the period of trial. The above-mentioned hospital, I understand, is unable to secure a Psychiatric Social Worker, therefore my officers procure social histories for psychiatric or psychological examination of persons who are either in-patients or out-patients. Other special enquiries are carried out at the request of the Medical Superintendent. Free access to the patients in the hospital is granted at all times and much good work has been performed successfully in removing doubts, fears and problems to which they have been subjected. A successful feature at the hospital is the weekly meeting of the Superintendent, his doctors and occupational therapists. The Duly Authorised Officers attend this meeting at which the previous week's admissions are discussed. This meeting is most interesting and educating to my staff. Problems of after-care and prevention are also discussed by the medical staff and my officers at these meetings.

(d) No duties are delegated to voluntary organisations, but every help is given to voluntary organisations in the area interested in mental health.

(e) The two male Duly Authorised Officers have each attended a two weeks' residential course on Mental Health, at Sheffield University. Two female Occupation Centre teachers have attended a two weeks' refresher course at Manchester. Expenses of such were borne by the Council in both instances.

(ii) **Account of work undertaken in the community.**

(a) Where patients of local General Practitioners show reluctance or refuse to attend out-patient clinics when advised, the Duly Authorised Officers, on request, visit and are able to devote much time on persuasive methods and invariably succeed by taking the person to the respective clinic. The confidence gained by both sides is most helpful, especially when meeting on future occasions. All cases leaving or discharged from the Kingsway Hospital are visited and any new problems are discussed and dealt with.

The many problems affecting cases of mental illness are dealt with as soon as they are known in order that no undue stress is brought upon patients or their relatives. Housing, domestic, financial and employment problems present the main difficulties. Rooms have been found for some cases. Domestic problems where it is definitely known that they exist between man and wife or parents and children, are frankly discussed. Success has been achieved by the tension being eased and the mode of living altered by both sides, to their mutual satisfaction. Occasional cases have been referred to the local Marriage Guidance Council and Probation Officers where obstinate determination existed. Where cases are unsettled in their employment fresh work is found by the Employment Exchange or through the Duly Authorised Officers by personal contact with employers. Some cases while in hospital become anxious about being allowed to return to their former employment. Employers are contacted and satisfactory arrangements made and the patient informed. In certain other cases, especially in regard to middle-aged and elderly persons, arrangements are made for them to go away to relatives for a change of environment, thereby reducing the possibility of complete breakdown.

Several after-care cases have been to Convalescent Homes upon medical recommendation, the arrangements for such having been carried out by the Almoners' Section of the Health Department. Upon return it has been observed they quickly settle down to their ordinary routine.

A number of males have attended Rehabilitation Centres managed by the Disabled Persons' Section of the Ministry of Labour. The different courses last thirteen weeks, with allowances, and have done good in assisting patients to become well rehabilitated to industrial life. Elderly cases suffering from senile dementia and not truculent in any way, are usually admitted to the Manor Hospital or Part III of the same hospital. The arrangements are made by the Duly Authorised Officers in conjunction with the Medical Superintendent of the hospital and the Welfare Department of the Council.

In the matter of the Duly Authorised Officers having constant contact with cases from the time of removal or when first notified regarding prevention, etc., such arrangements have worked extremely well, many letters of appreciation having been received. The term "Welfare Officer" is always used except when completing official documents. In the work of this section, complete co-operation exists between my officers and the undermentioned departments :— .

Ministry of Labour—Adult and Juvenile Sections.
 Ministry of National Insurance—Benefit and Pensions Sections.
 National Assistance Board.
 Ministry of Pensions—War Disability Pensions.
 Personal Service League.
 Women's Voluntary Service—Meals Service.
 Marriage Guidance Council.
 Magistrates' Clerk's Department and Probation Officers.
 Red Cross Society.
 British Legion.
 Soldiers', Sailors' and Airmen's Families' Association.
 Local Police.
 Industrial Welfare Officers.

(b) The Duly Authorised Officers deal with all reported cases of mental illness recommended by General Practitioners and Hospital Superintendents for certification under the Lunacy Act, and, if certified, personally effect the removal. Wherever possible, recourse to the Mental Treatment Act is taken, particularly with regard to persons becoming voluntary patients. Many cases have been dealt with as such through the officers taking them for interview with the Medical Superintendent of the Kingsway Mental Hospital.

With regard to Temporary Cases under Section 5 of the Mental Treatment Act, 1930, advice and assistance are given in all cases where relatives are desirous of personally signing the requisite form. The same applies to cases where a petition is presented. It may be stated here that the local Police report all mental illness cases to this department for visiting and enquiry and the only occasions (and these are seldom) when they are called upon to assist, is with regard to those cases of violent character.

(c) (i) Ascertainment of the majority of mental defectives is done by written notification of the local Education Committee under Sections 57 (3) and (5) of the Education Act, 1944, following examination by the School Medical Officer. Also by General Practitioners and members of a Council Co-ordinating Committee upon which every department of this Council is represented by at least one out-door staff member. Supervision is carried out by the Duly Authorised Officers who visit twice, or more frequently, each year. Arrangements for attendance at the Occupation Centre are made in suitable cases as vacancies occur. Others needing urgent Institutional or Hospital care are notified to the Regional Psychiatrist who may allot vacancies in extremely urgent cases. There is a chronic shortage of vacancies in all Mental Deficiency Institutions and we have four males and five females under sixteen years of age and one male over sixteen years of age, all in urgent need

of institutional care. In addition, there are seven males under sixteen years and one female, and four males and two females over sixteen years, also in need of institutional care although not so urgently. Where defectives over sixteen years of age are not employed, the National Assistance Board makes an allowance. Several cases have been reported to them. In some chronic cases of young children, concern is caused by the fact that no beds are available for short term care, in order that the mothers can take a rest from the strain and anxiety of giving attention to such children, especially where there are other young children in the same home. With regard to the many problems experienced with mental defectives, much assistance and co-operation are rendered by the School Medical Officer.

(ii) Guardianship cases number 13 in this area and their ages range from 21 years to 50 years. Most of them reside with relatives and some are employed, those unemployed being assisted by the National Assistance Board. They are visited at least twice a year by the Duly Authorised Officers and once a year by Dr. W. J. Barbour who is experienced in mental deficiency, all in accordance with paragraph 76 of the Mental Deficiency Regulations, 1948. A Visitors' Book is kept at home by the relatives and appropriate entries are made on the occasion of each visit by the Duly Authorised Officer and the doctor. In all the cases visited, careful enquiries are made regarding the home environment, the defective's work, recreation and health.

(iii) The Local Authority has a large brick building containing six rooms, the size of each being sufficient to accommodate ten defectives for the purpose of occupation and training. Two of the rooms are at present unoccupied owing to the need for structural alterations. There is also an Assembly Hall and requisite toilets for the defectives and staff. There is also a kitchen. The Occupation Centre caters for 40 defectives from 6 to 30 years of age.

There are no industrial centres for adults nor are there in existence any facilities for the home teaching of individual groups.

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